

ALBERTA HEALTH SERVICES

ADM MEDITECH 5.67

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## REGISTRATION MANAGEMENT DESKTOP FUNCTIONS

**SCHEDULE:** Records patient information: name, address, physician, insurance and billing information and expected date of service.

**PRE-REGISTER:** Records detailed demographics, next of kin, insurance and billing information, service date and location.

**REGISTER:** Admits or registers patients when they arrive at the hospital for their inpatient stay or their outpatient visit.

**CHECK IN:** Gives an overall view of the patient registration summary.

**RE VISIT:** Used for a re-visit of a recurring outpatient who has one account number for a series of visits.

**IN TRANSFER:** Transfer of service, requested accommodation, room/bed, room rate accommodation, changing of attending physician, bed swap, or multi-bed transfer.

**OUT TRANSFER:** To place an outpatient into a bed (eg. SDC sleepover).

**DISCHARGE:** Inpatient, emergency room patient and recurring patients are discharged.

**EDIT:** Used to edit name, DOB, gender, address, phone number, employer, contacts, guarantor, insurance, doctor (admitting and family only), overnight stay, DAL/Continuing Care/Lodge Resident, admit priority, reason for visit, entry code, arrived by and discharge date.

**FIX:** To change the Service Date/Time and location.

**UNDO:** Puts a registered patient back into a pre-registered status.

**CANCEL:** Cancels a registered patient visit when in a pre-registered status.

**MAINTENANCE:** Edit newborn mother, VIP/Confidential status, Pre-discharge referral.

**CHANGE STATUS:** To change SCHE/PRE or IN/INo pre-registered status patients to a new status (eg. DI to an ER)

**ACCOUNT INFO:** View patient, print patient summary, review patient activity, reprint admission form, view CCI data and patient directory.

**DEMO RECALL:** Change/Update Address, phone number, contact, guarantor, Insurance, family doctor and VIP.

**EMR:** Provincial Enterprise Medical Record

## PATIENT SEARCH

To search for a patient, the system will automatically look through three systems to find the closest match to the information entered.

1. The **Active Account File**. This is a listing of any of the patient's previous visits to your facility within the last 90 days.
2. The **Master Patient Index**. The system will search the facility Medical Records module.
3. The **Enterprise Medical Record File**. The system will search the Provincial EMR for the patient.

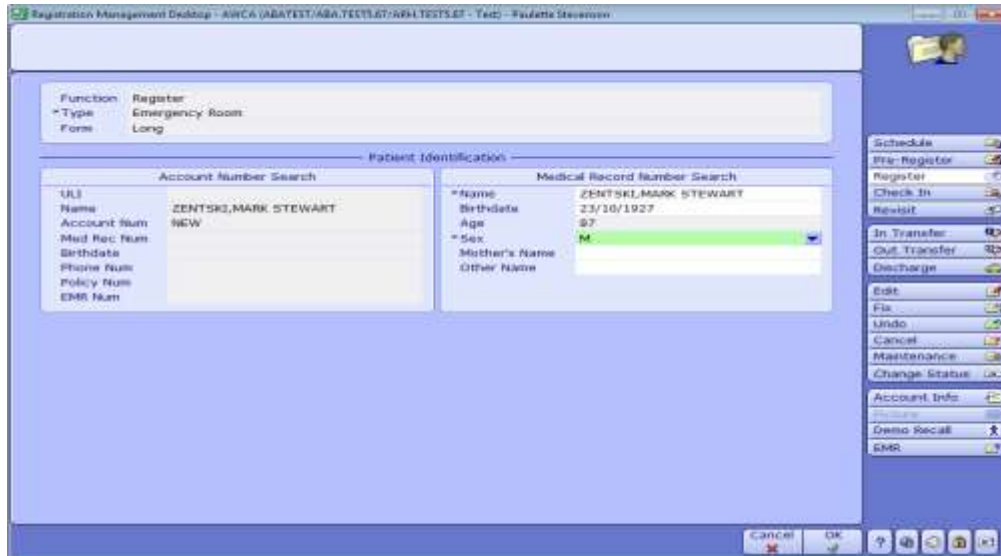
These are the most commonly used Patient Identification methods. Using more than one of these unique search fields increases the chances of finding the correct patient.

- ULI (Unique Lifetime Identifier)
- PATIENTS NAME
- ACCOUNT NUMBER
- MEDICAL RECORD NUMBER
- BIRTH DATE
- PHONE NUMBER
- POLICY NUMBER
- EMR NUMBER

## EXAMPLE

Mark Zentski arrives to the Emergency Department with stomach pain and he wants to see a doctor. All he has for ID is a driver's license and has said he has forgotten his AHC at home. He is not sure if he has been seen at this facility before.

1. Enter as much information as you have available in the search fields by using the ID and confirming the demographics with the patient. (You no longer need to use the # key when entering the Health Care Card Number) Press Enter.



Registration Management Desktop - ADMCA (ADMTEST/ADMTESTS67/ADMTESTS67 - Test) - Pauline Stevenson

Function: Register  
\* Type: Emergency Room  
Form: Long

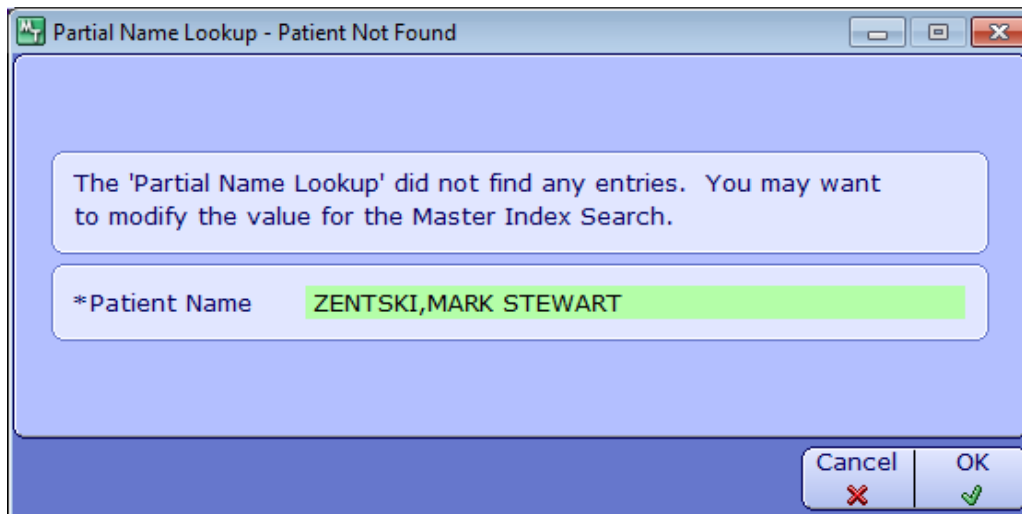
Patient Identification

Account Number Search		Medical Record Number Search	
ULI		* Name	ZENTSKI,MARK STEWART
Name	ZENTSKI,MARK STEWART	Birthdate	23/10/1927
Account Num	NEW	Age	87
Med Rec Num		* Sex	M
Birthdate		Mother's Name	
Phone Num		Other Name	
Policy Num			
EMR Num			

Buttons: Schedule, Prio Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Print, Demo Recall, EMR

Buttons: Cancel, OK, ?

- If the exact match is not found in your facility, it will attempt to check the Master Patient Index. Click on the green OK button to continue search.



Partial Name Lookup - Patient Not Found

The 'Partial Name Lookup' did not find any entries. You may want to modify the value for the Master Index Search.

\* Patient Name ZENTSKI,MARK STEWART

Buttons: Cancel, OK

- The Master Patient Index has found a patient with the exact birthdate. Confirm with patient if the demographics are correct.

4. DOB ONLY: ZENTSKI,MARK STEWART 23/10/1927 M Lookup

Med Rec Num	Name	Birthdate	Sex	Mother's Name	Last Visit
0	UDABS ZENTSKI,MARK STEWART	23/10/1927	M		22/01/15 CLI

Address	125 CRANDELL BLVD	Age	Sex	87	Male
City	BARRHEAD	HC Number			
Prov  Postal	AB T7N 1C2	Other Name			
Phone	(403)308-2551	EMR Number	ABATVIG00400921-F51		
		Other Numbers	PB00051921 PX00010235...		

Date	Type	Account Num	Location	Provider	Discharged
22/01/15	CLI	SE0000024/15	AMTAOT	BERNROBE	
18/06/14	CLI	RU0010942/14	AABAAMB	HEULMARK	

- If this is the correct patient, press F12 to accept. If you're not sure if this is the correct patient, use the F11 (Next Search) button at the bottom of your screen to search for further patients.

- The system has found two patients with similar birthdates. You can use your arrow buttons to highlight the patient in green. Again the demographics will show at the bottom of the screen, confirm with patient. If this is the correct patient, press enter or F12 to select.

5. DOB ONLY: zentski,mark 23/10/1927 M Lookup

Med Rec Num	Name	Birthdate	Sex	Mother's Name	Last Visit
0	UDLAB TANDEROVA,KEYVAN HARLEY	23/10/1926	M		22/01/15 REF
0	UDABS ZENTSKI,MARK STEWART	23/10/1927	M		22/01/15 CLI

Address	125 CRANDELL BLVD	Age	Sex	87	Male
City	BARRHEAD	HC Number			
Prov  Postal	AB T7N 1C2	Other Name			
Phone	(403)308-2551	EMR Number	ABATVIG00400921-F51		
		Other Numbers	PB00051921 PX00010235...		

Date	Type	Account Num	Location	Provider	Discharged
22/01/15	CLI	SE0000024/15	AMTAOT	BERNROBE	
18/06/14	CLI	RU0010942/14	AABAAMB	HEULMARK	

6. The registration field will then appear and auto populates all the demographics into the correct fields. Continue with registration.



Registration Management Desktop - AWCA (ARATEST/ABA TESTS 67/ARH TESTS 67) - Task - Paulette Stevenson

**Udabs Zentski, Mark Stewart** REG ER New Account Med Rec Num: New Patient

57/M 23/10/1927

EMR Num:

*Name	UDABS ZENTSKI, MARK STEWART	
*Reg Category	ER	
*Account Num	NEW	
*Birthdate	23/10/1927	87
*Sex	M	
*Other Name		
*Mother's Name		
*Address	125 CRANDELL BLVD	
*City/Province	BARRHEAD	AB
*Postal Code	T7N 1C2	
*Residence Code	BARRHEA	
*Country		
*Language		

*Home Phone	(403) 308-2551
*Other Phone	
*Email	
*Use Email	
*Marital Status	
*HC Province	
*U.I.	
*Soc Ins Num	
*Subscriber Init	
*Ref to PS	
*Religion	O
*Affiliation	
*MSI Glig	

Employer

Name	
Address	
City/Province	
Postal Code	
Phone	
Occupation	

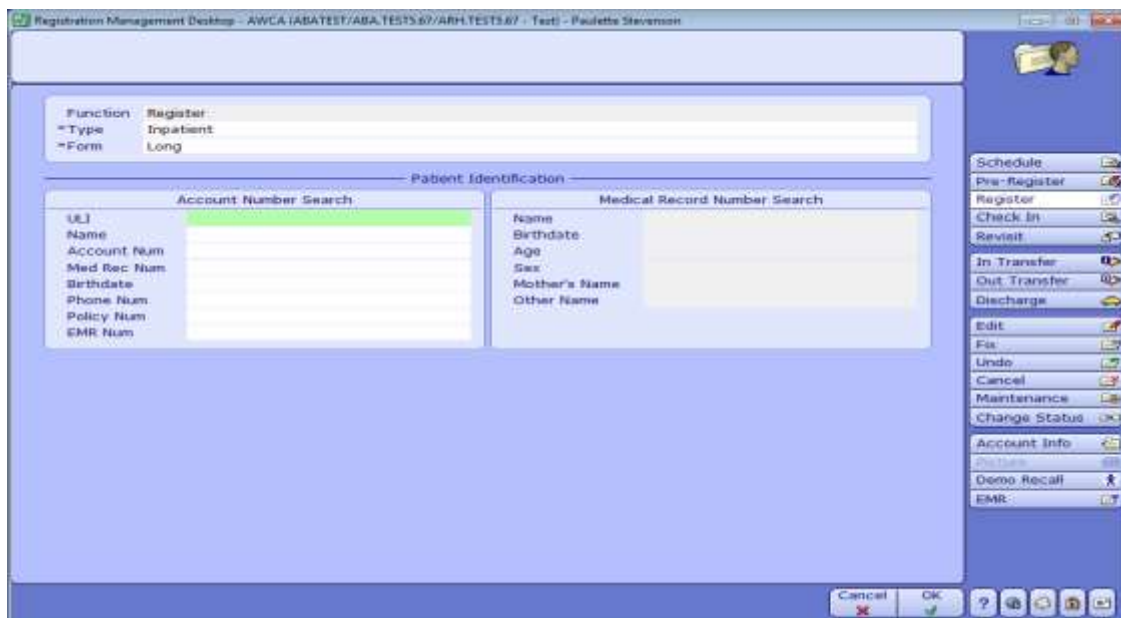
Buttons: Cancel, Next, Save, ?

Right sidebar buttons: Schedule, Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fax, Undo, Cancel, Maintenance, Change Status, Account Info, Demo Recall, EMR



## INPATIENT

- Pertains to persons who have been admitted to a health care facility for medical and/or facility services and who has been assigned an inpatient bed, bassinet or incubator. This includes patients who are admitted as inpatients but are held in interim assessment (within the emergency department).
1. Using the pull down menu, choose Inpatient and Long Form.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

Function: Register  
 \*Type: Inpatient  
 \*Form: Long

Account Number Search

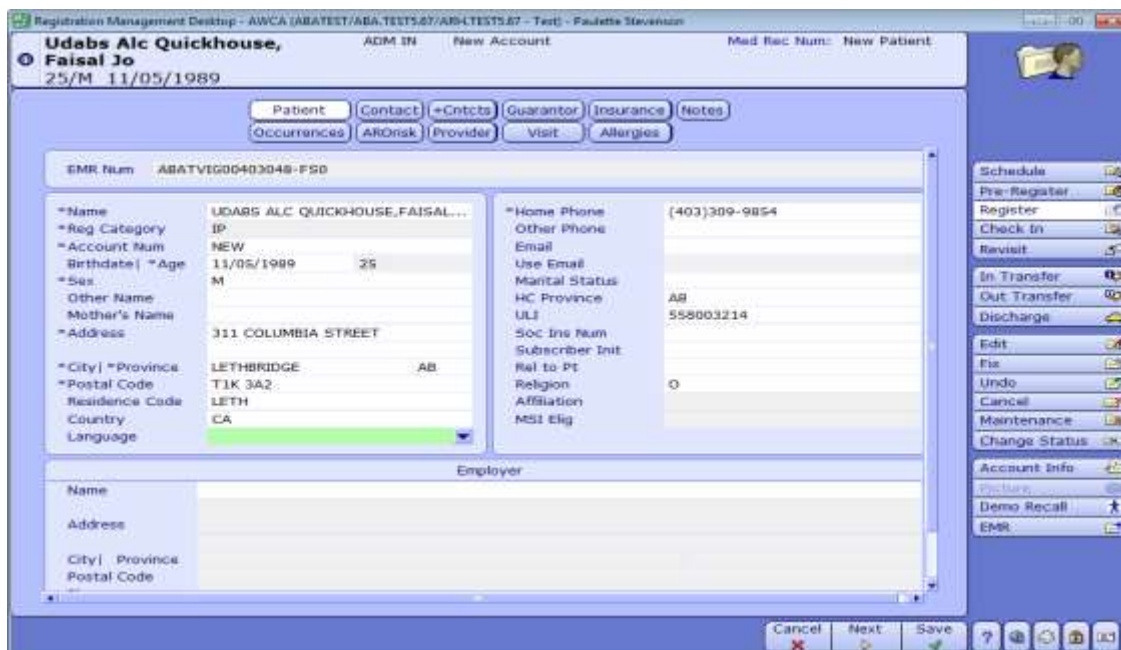
ULI	
Name	
Account Num	
Med Rec Num	
Birthdate	
Phone Num	
Policy Num	
EMR Num	

Medical Record Number Search

Name	
Birthdate	
Age	
Sex	
Mother's Name	
Other Name	

Cancel OK ? [Icons]

- Identify the patient using one of the patient identification fields, or enter the ER account number if patient is being rolled into an Inpatient from an Emergency Visit.
- Use the pull down menu in Reg Category and choose Inpatient. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

**Udabs ALC Quickhouse, Faisal Jo**  
 25/M 11/05/1989

ADM IN New Account Med Rec Num: New Patient

Patient Contact \*Cncts Guarantor Insurance Notes  
 Occurrences AROnsk Provider Visit Allergies

EMR Num: ABATVIG00403048-FSD

*Name	UDABS ALC QUICKHOUSE,FAISAL...	*Home Phone	(403)389-9854
*Reg Category	IP	Other Phone	
*Account Num	NEW	Email	
Birthdate  *Age	11/05/1989 25	Use Email	
*Sex	M	Marital Status	
Other Name		HC Province	AB
Mother's Name		ULI	558003214
*Address	311 COLUMBIA STREET	Soc Ins Num	
*City  *Province	LETHBRIDGE AB	Subscriber Init	
*Postal Code	T1K 3A2	Rel to Pt	O
Residence Code	LETH	Religion	
Country	CA	Affiliation	
Language	CA	MSI Elig	

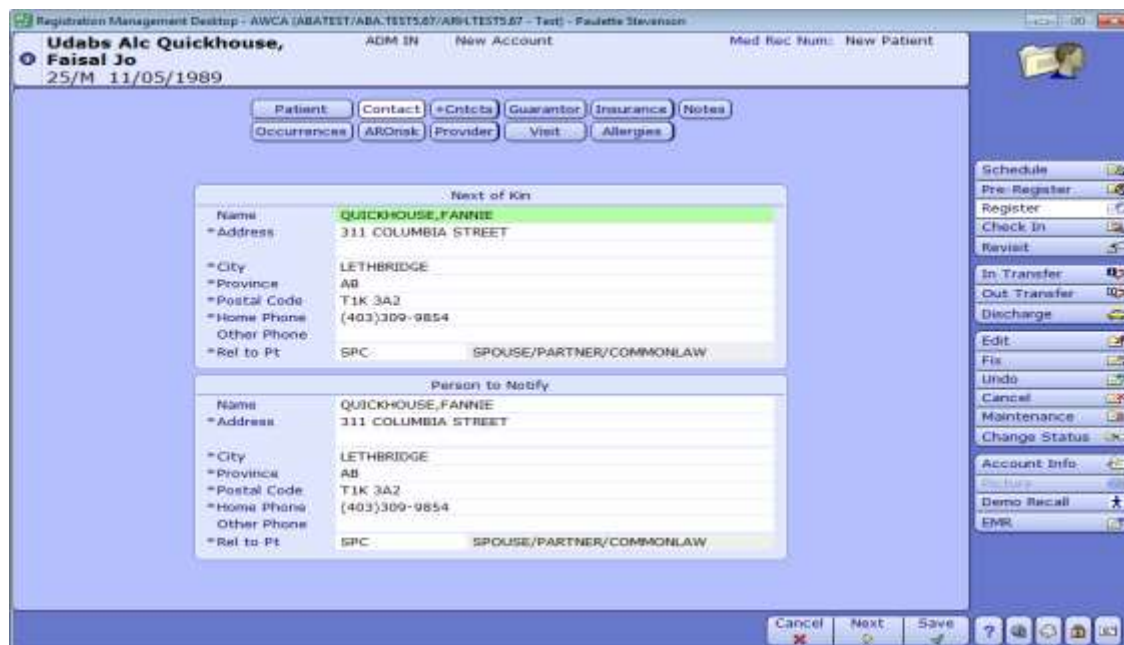
Employer

Name	
Address	
City  Province	
Postal Code	

Cancel Next Save ? [Icons]

- Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.





Registration Management Desktop - AWCA (ABATEST/ABA.TEST5.67/ARSLTEST5.67 - Test) - Faudette Stevenson

**Udabs ALC Quickhouse,**  
**Faisal Jo**  
25/M 11/05/1989

ADM IN New Account Med Rec Num: New Patient

Buttons: Patient, Contact, +Cnctb, Guarantor, Insurance, Notes, Occurrences, ARONak, Provider, Visit, Allergies

**Next of Kin**

Name	QUICKHOUSE, FANNIE
*Address	311 COLUMBIA STREET
*City	LETHBRIDGE
*Province	AB
*Postal Code	T1K 3A2
*Home Phone	(403)309-9854
Other Phone	
*Rel to Pt	SPC SPOUSE/PARTNER/COMMONLAW

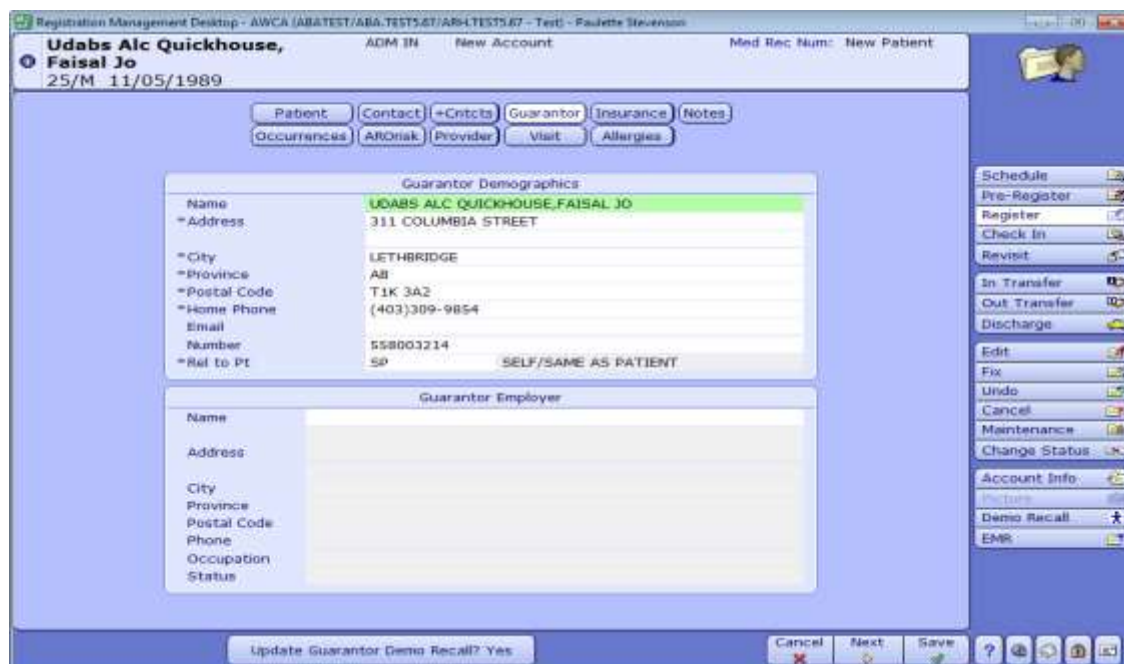
**Person to Notify**

Name	QUICKHOUSE, FANNIE
*Address	311 COLUMBIA STREET
*City	LETHBRIDGE
*Province	AB
*Postal Code	T1K 3A2
*Home Phone	(403)309-9854
Other Phone	
*Rel to Pt	SPC SPOUSE/PARTNER/COMMONLAW

Buttons: Cancel, Next, Save

Right sidebar buttons: Schedule, Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, EMR

- Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



Registration Management Desktop - AWCA (ABATEST/ABA.TEST5.67/ARSLTEST5.67 - Test) - Faudette Stevenson

**Udabs ALC Quickhouse,**  
**Faisal Jo**  
25/M 11/05/1989

ADM IN New Account Med Rec Num: New Patient

Buttons: Patient, Contact, +Cnctb, Guarantor, Insurance, Notes, Occurrences, ARONak, Provider, Visit, Allergies

**Guarantor Demographics**

Name	UDABS ALC QUICKHOUSE, FAISAL JO
*Address	311 COLUMBIA STREET
*City	LETHBRIDGE
*Province	AB
*Postal Code	T1K 3A2
*Home Phone	(403)309-9854
Email	
Number	558003214
*Rel to Pt	SP SELF/SAME AS PATIENT

**Guarantor Employer**

Name	
Address	
City	
Province	
Postal Code	
Phone	
Occupation	
Status	

Update Guarantor Demo Recall? Yes

Buttons: Cancel, Next, Save

Right sidebar buttons: Schedule, Pre-Register, Register, Check In, Revisit, In Transfer, Out Transfer, Discharge, Edit, Fix, Undo, Cancel, Maintenance, Change Status, Account Info, Picture, Demo Recall, EMR

6. Tab to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

Update Demo Recall "NO" unless a permanent insurance update is required.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.07/ARH-TESTS.07 - Test) - Paulette Stevenson

**Udabs Alc Quickhouse,**  
**Faisal Jo**  
25/M 11/05/1989

ADM IN New Account Med Rec Num: New Patient

Patient Contact +Criticals Guarantor Insurance Notes  
Occurrences ARisk Provider Visit Allergies

\*Mnemonic Name  
1 AHC ALBERTA HEALTH CARE PLAN  
2  
3  
4

Detail Authorizations Searching No Info Clipboard Assign Info

Policy Num	558003214	Elig Stat	Date
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num	
Ins Address	PO BOX 1360	Group Name	
	STATION MAIN	Group Num	
City	EDMONTON	Emp Status	
Province	AB	Emp Name	
Postal Code	T5J 2N3	Emp Location	
Phone	780 427 1432	Deduct	Copay
		Benefit Plan	
*Fin Class	AHC		

Reschedule Ins Update Ins Demo Recall? Yes Cancel Next Save

Schedule Pre-Register Register Check In Revisit In Transfer Out Transfer Discharge Edit Fix Undo Cancel Maintenance Change Status Account Info Picture Demo Recall EMB

7. Provider tab. This is where the Admitting/Attending/Family Physician is entered.
  - a. The Admitting and Attending physician are the same.

Registration Management Desktop - AWCA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Test) - Paulette Stevenson

Udabs Alc Quickhouse, ADM IN New Account Med Rec Num: New Patient  
Faisal Jo  
25/M 11/05/1989

Patient Contact +Contacts Guarantor Insurance Notes  
Occurrences AROnak Provider Visit Allergies

Primary Care  
\*Admitting OJEDJOSE Ojedokun, Joseph  
\*Attending OJEDJOSE Ojedokun, Joseph  
Family  
Referring  
Other

Consulting Physician

Preferred Pharmacy

Personal Directive  
Personal Directive Date  
Personal Directive Received Date

1 of 2 Goto 2

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

8. Under the Visit tab, use the pull down menu or F9 to fill in all information marked with an asterisk.

Registration Management Desktop - AWCA (ABATEST/ABA.TEST5.67/ARH.TEST5.67 - Test) - Paulette Stevenson

Udabs Alc Quickhouse, ADM IN New Account Med Rec Num: New Patient  
Faisal Jo  
25/M 11/05/1989

Patient Contact +Contacts Guarantor Insurance Notes  
Occurrences AROnak Provider Visit Allergies

\*Service MED  
\*Admit Priority UR  
Admit Source  
\*Admit Date| \*Time 25/02/15 0855  
Expected LOS

Decision to Admit Date  
Decision to Admit Time  
\*Requested Accom S  
\*Room| \*Bed AWCA104 1  
Room's Accom P  
\*Room Rate Accom S

Reason for Visit  
Comment

\*Entry Code DT  
\*Arrived by| \*By Ambulance AG Y  
From Institution

Medical Alert  
1.  
2.

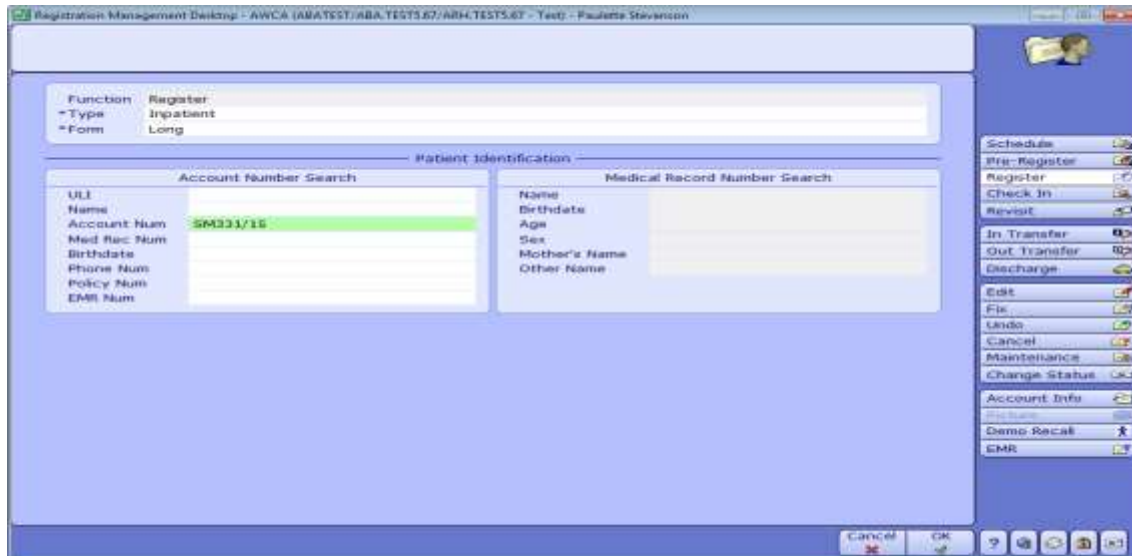
Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

9. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.

## ROLL OVER INPATIENT REGISTRATION

1. Select IP as your Reg Category.
2. Register patient using the ER account number to roll over to IP account.

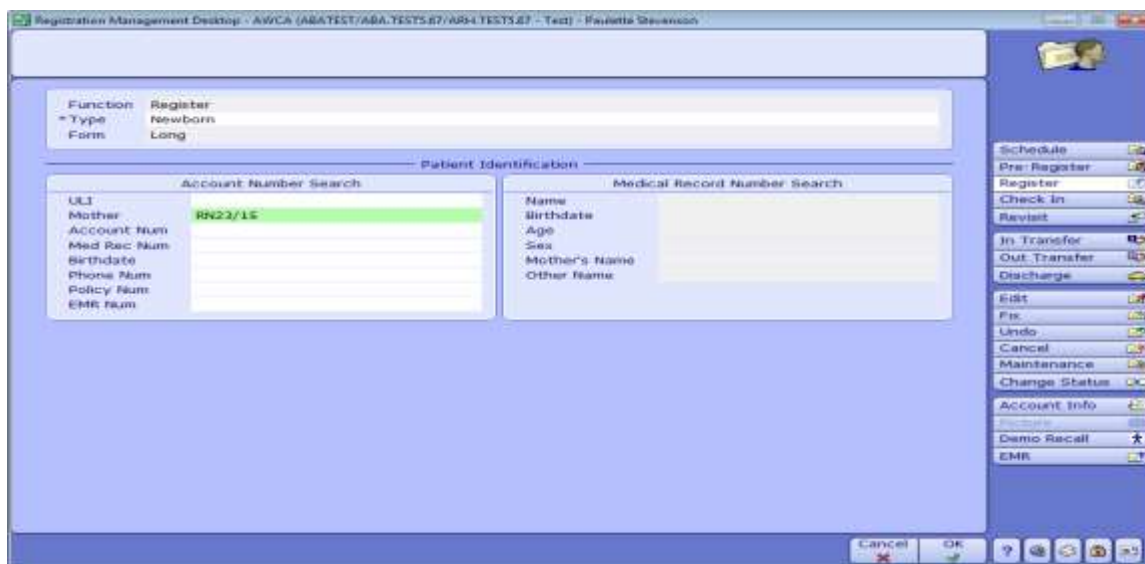


3. Tab through and confirm demographics/contact information and insurances.
4. Under the Provider tab complete the Admitting and Attending physician fields
5. Continue to the Visit tab and fill in the mandatory fields marked with asterisk using the pull down menu or the F9 button.
6. F12 or Save button and print off necessary forms and labels. . Patient will be given a new Account Number to show IP status.



## NEWBORN

- Newborns delivered within an acute care facility use the “Inpatient-Enter Newborn” routine. If delivered outside an acute care facility, use “Inpatient-Admission” routine.
- Using the pull down menu, choose Newborn and Long Form. Baby must be attached to the mom, so use the mom’s Inpatient number in the Mother tab under Account Number Search to connect mom and baby.



- Mom’s demographics will automatically roll over into the Patient screen. In the name field, mom’s last name will appear. Follow standard naming convention ,add a comma and NBF if female or NBM if male in front of the last name, eg. PATCHUK,NBF



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Paulette Stevenson

**Udadm Patchuk,Nbf** ADM IN New Account (Newborn) Med Rec Num: New Patient  
O/F 25/02/2015

Mother's Name	UDADM PATCHUK,LILY
Mother's Acct	RN0000023/15
*Name	UDADM PATCHUK,NBF
Birthdate	25/02/2015
*Age	0
*Reg Category	IP
*Account Num	NEW
*Sex	F
Other Name	
*Address	186 LEMMING BLVD
*City	EDSON
*Province	AB
*Postal Code	T7E 1E5
*Home Phone	(403)634-3541
Other Phone	
Residence Code	EDSON
Country	CA
Religion	O
Affiliation	
HC Province	
ULI	
Subscr Init	
Sub Rel to Pt	

3. Tab through and fill in anything with an asterisk.
4. Mom's information will roll into to the Contact information and Guarantor.

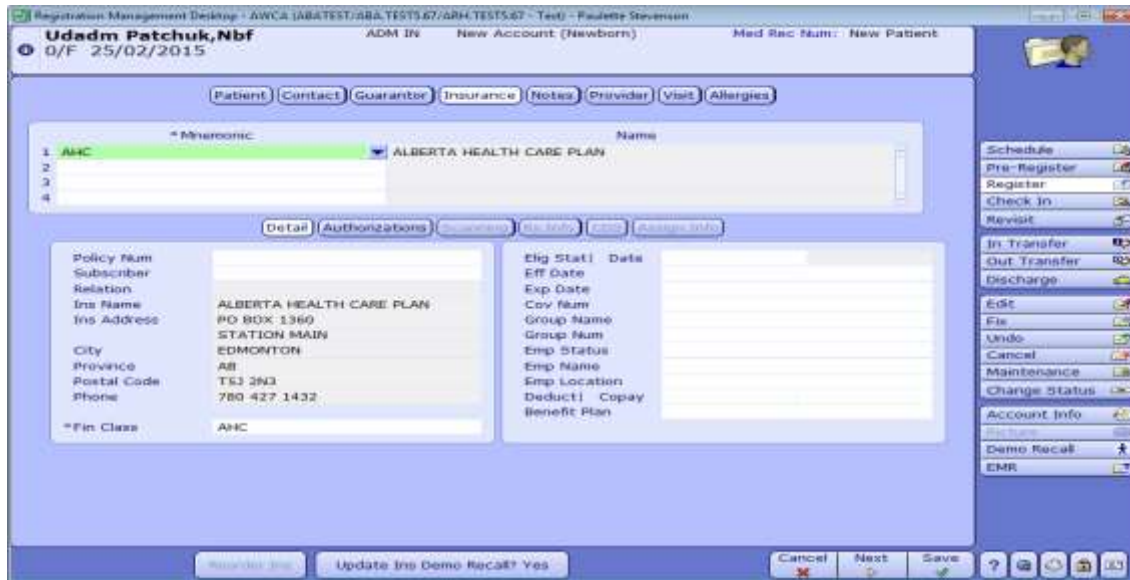
Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Paulette Stevenson

**Udadm Patchuk,Nbf** ADM IN New Account (Newborn) Med Rec Num: New Patient  
O/F 25/02/2015

Next of Kin	
Name	UDADM PATCHUK,LILY
*Address	186 LEMMING BLVD
*City	EDSON
*Province	AB
*Postal Code	T7E 1E5
*Home Phone	(403)634-3541
Other Phone	
*Rel to Pt	PA PARENT(S)

Person to Notify	
Name	UDADM PATCHUK,LILY
*Address	186 LEMMING BLVD
*City	EDSON
*Province	AB
*Postal Code	T7E 1E5
*Home Phone	(403)634-3541
Other Phone	
*Rel to Pt	PA PARENT(S)

- Insurance defaults to AHC as baby was born in the province of Alberta.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARM-TESTS.67 - Test) - Paulette Stevenson

**Udadm Patchuk,Nbf** ADM IN New Account (Newborn) Med Rec Num: New Patient  
0/F 25/02/2015

Patient Contact Guarantor Insurance Notes Provider Visit Allergies

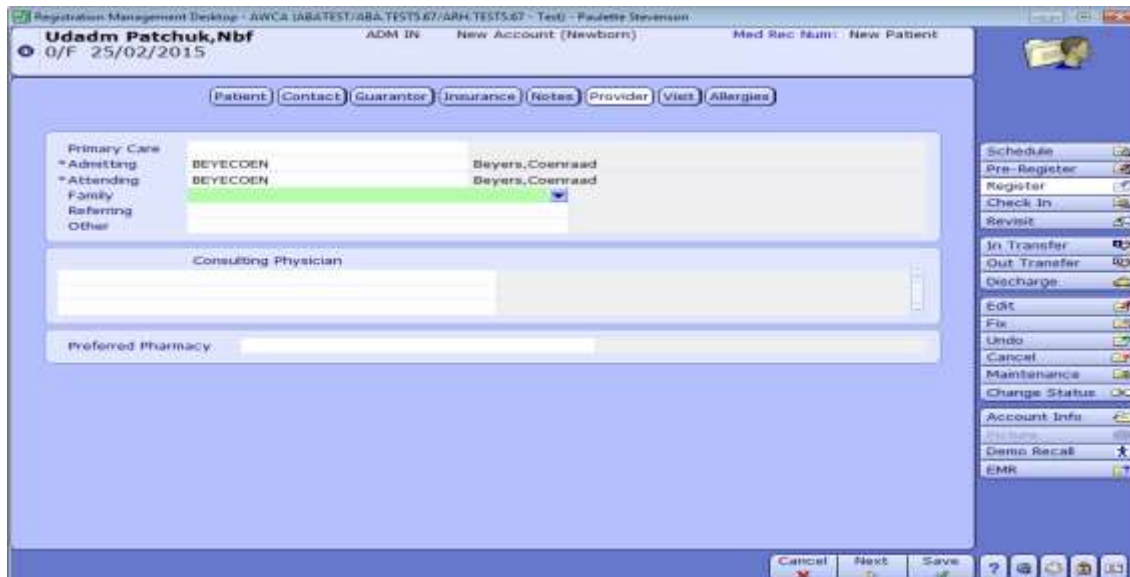
\* Mnemonic: 1 AHC 2 3 4 ALBERTA HEALTH CARE PLAN Name

Detail Authorizations Insurance No Info Edit Assign Info

Policy Num		Elig Stat	Data
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num	
Ins Address	PO BOX 1360	Group Num	
	STATION MAIN	Emp Status	
City	EDMONTON	Emp Name	
Province	AB	Emp Location	
Postal Code	T6J 2N3	Deducti Copay	
Phone	780 427 1432	Benefit Plan	
* Fin Class	AHC		

Cancel Next Save ? [Icons]

- Provider tab. This is where the Admitting/Attending is entered.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARM-TESTS.67 - Test) - Paulette Stevenson

**Udadm Patchuk,Nbf** ADM IN New Account (Newborn) Med Rec Num: New Patient  
0/F 25/02/2015

Patient Contact Guarantor Insurance Notes Provider Visit Allergies

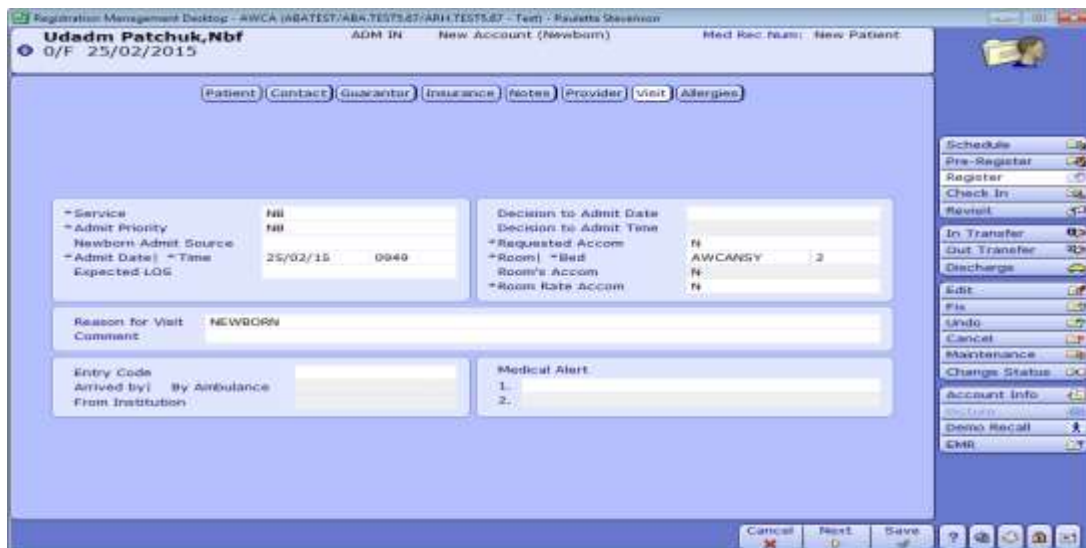
Primary Care  
\* Admitting BEYECOEN Beyers,Coenraad  
\* Attending BEYECOEN Beyers,Coenraad  
Family  
Referring  
Other

Consulting Physician

Preferred Pharmacy

Cancel Next Save ? [Icons]

7. Under Visit, tab through the fields and fill in information that is requested with an asterisk. Use the admit date and time as to when the baby was born.




8. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms, labels and wrist bands.



## CLINICAL

- Pertains to persons attending clinics for diagnostic, consultative, treatment or teaching services primarily for registered outpatients.
1. Click on register button.
  2. Using the pull down menu choose Clinical and Long Form.
  3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
  4. Use the pull down menu in Reg Category and choose Clinical or Clinical Visit. Anything with an asterisk is a mandatory field and must be completed.





Registration Management Desktop - AWCA (ABATEST/ABA TESTS/ST/ARH TESTS/ST - Test) - Paulette Stevenson

**Udays Cli Greywater, Murray** REG CLI New Account Med Rec Num: RN00010363  
38/M 09/11/1976

Patient Contact +Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num: ABATVIG00403637-F51

*Name	UDABS CLI GREYWATER, MURRAY	
*Reg Category	CLIVIS	
*Account Num	NEW	
*Birthdate   *Age	09/11/1976	38
*Sex	M	
*Other Name		
*Mother's Name		
*Address	151 ROBSON BLVD	
*City   *Province	LETHBRIDGE	AB
*Postal Code	T1K 1G9	
Residence Code	LETH	
Country	CA	
Language		

*Home Phone	(403)310-0594
*Other Phone	
Email	
Use Email	
Marital Status	
HC Province	AB
UUI	898093214
Soc Ins Num	
Subscriber Init	
Ref to Pt	O
Religion	
Affiliation	
MSI Elig	

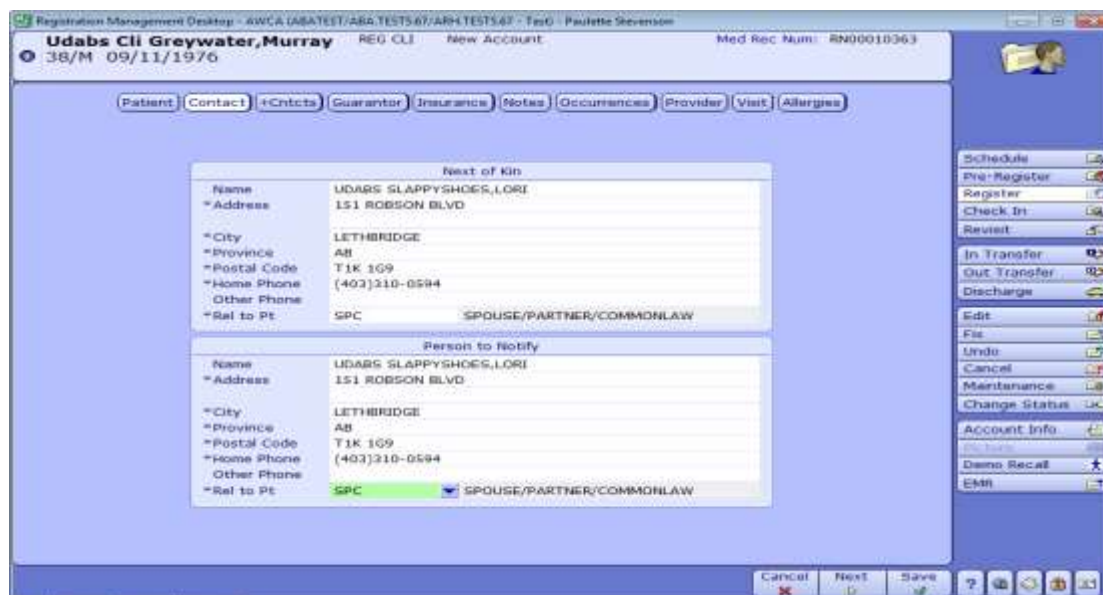
Employer

Name	
Address	
City   Province	
Postal Code	
Phone	
Occupation	

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMR

- Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.



Registration Management Desktop - AWCA (ABATEST/ABA TESTS/ST/ARH TESTS/ST - Test) - Paulette Stevenson

**Udays Cli Greywater, Murray** REG CLI New Account Med Rec Num: RN00010363  
38/M 09/11/1976

Patient Contact +Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

Next of Kin

Name	UDABS SLAPPYSHOES, LORI	
*Address	151 ROBSON BLVD	
*City	LETHBRIDGE	
*Province	AB	
*Postal Code	T1K 1G9	
*Home Phone	(403)310-0594	
*Other Phone		
*Rel to Pt	SPC SPOUSE/PARTNER/CommonLaw	

Person to Notify

Name	UDABS SLAPPYSHOES, LORI	
*Address	151 ROBSON BLVD	
*City	LETHBRIDGE	
*Province	AB	
*Postal Code	T1K 1G9	
*Home Phone	(403)310-0594	
*Other Phone		
*Rel to Pt	SPC SPOUSE/PARTNER/CommonLaw	

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMR

- Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.



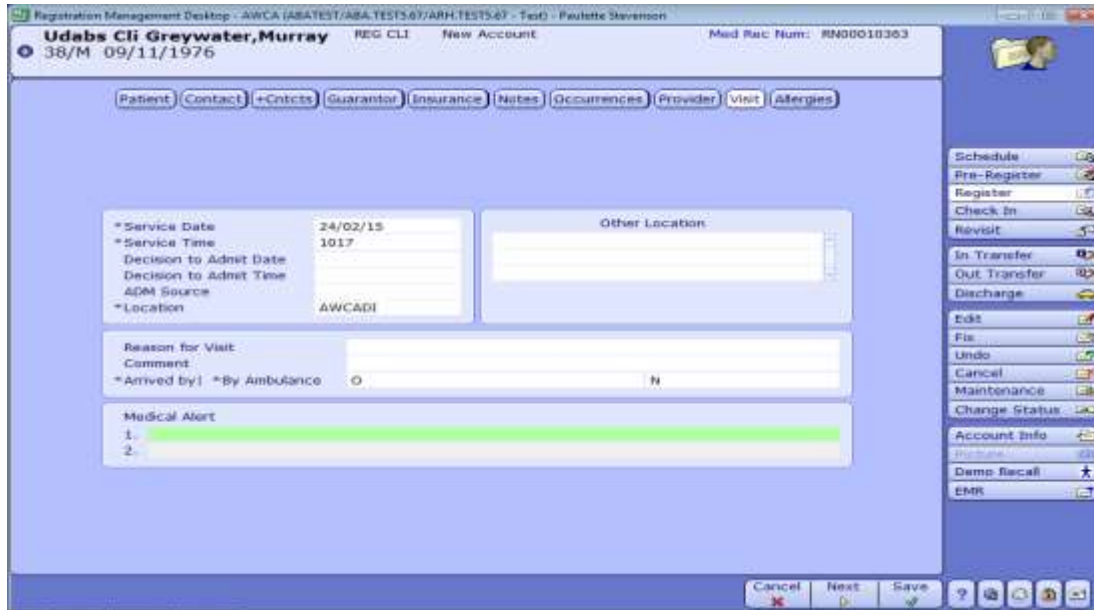
Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ABH.TESTS.67 - Test) - Paulette Stevenson

**Udabs Cli Greywater, Murray** REG. CLI New Account Med Rec Num: RN00010363  
38/M 09/11/1976

\* Mnemonic: **AHC** Name: **ALBERTA HEALTH CARE PLAN**

Policy Num	990092214	Elig Stati	Date
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	ALBERTA HEALTH CARE PLAN	Cov Num	
Ins Address	PO BOX 1360	Group Name	
	STATION MAIN	Group Num	
City	EDMONTON	Emp Status	
Province	AB	Emp Name	
Postal Code	T5J 2N3	Emp Location	
Phone	780 427 1432	Deductl	Copay
		Benefit Plan	
*Fin Class	AHC		

8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.

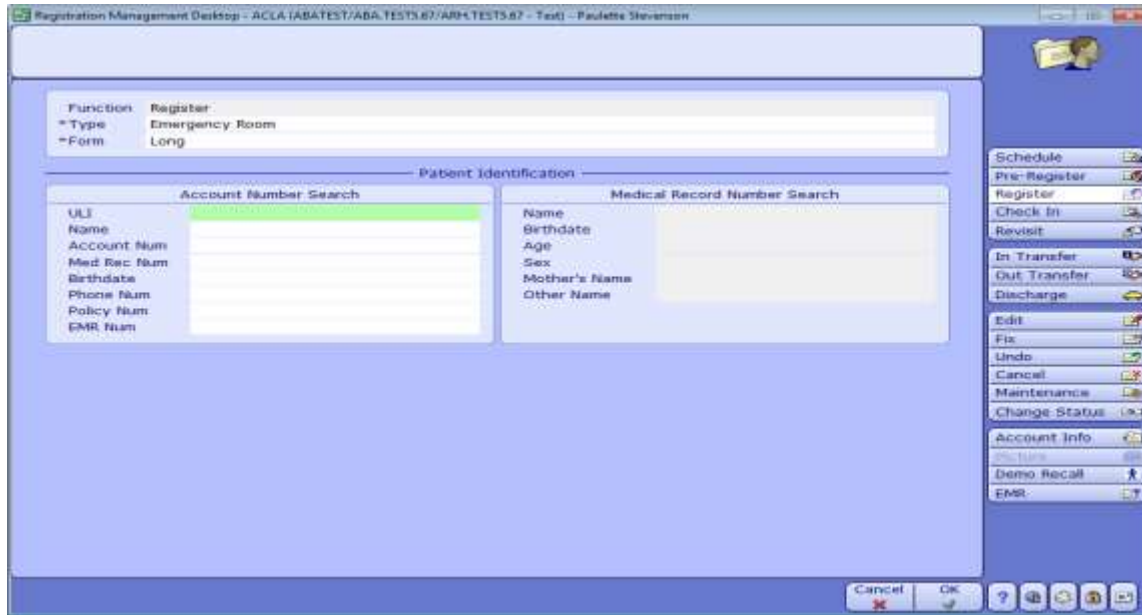


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



## EMERGENCY

- Pertains to persons attending for assessment, diagnostic or treatment services provided for conditions requiring immediate attention.
1. Using the pull down menu, choose Emergency Room and Long Form.



2. Enter patients Alberta Health Care card number into the ULI field and enter. The system will search for the patient. If you do not have the AHC card, the more information you enter, the more accurate this search will be.
3. If this is the correct patient, confirm DOB, press Yes and confirm demographics with patient.
4. Use the pull down menu in Reg Category and choose Emergency Room. Anything with an asterisk is a mandatory field and must be filled; otherwise you will receive an error message and will not be able to continue onto the next tab.



Registration Management Desktop - AWLA (ABA TEST/ABA TESTS.67/ARH TESTS.67 - Test) - Pauline Stevenson

**Udabs Cli Greywater, Murray** REG ER New Account Med Rec Num: New Patient  
38/M 09/11/1976

Patient Contact Other Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num

\*Name: **UDABS CLI GREYWATER, MURRAY**

\*Reg Category: NEW

\*Account Num: 09/11/1976 38

\*Sex: M

\*Other Name: Mother's Name

\*Address: 151 ROBSON BLVD

\*City: \*Province: LETHBRIDGE AB

\*Postal Code: T1K 1G9

Residence Code: LETH

Country: Language:

\*Home Phone: (403)310-0594

Other Phone:

Email:

Use Email:

Marital Status:

HC Province: AB

ULI: 898093214

Soc Ins Num:

Subscriber Init:

Rel to Pt:

Religion:

Affiliation:

MSI Elig:

Employer:

Name:

Address:

City: Province:

Postal Code:

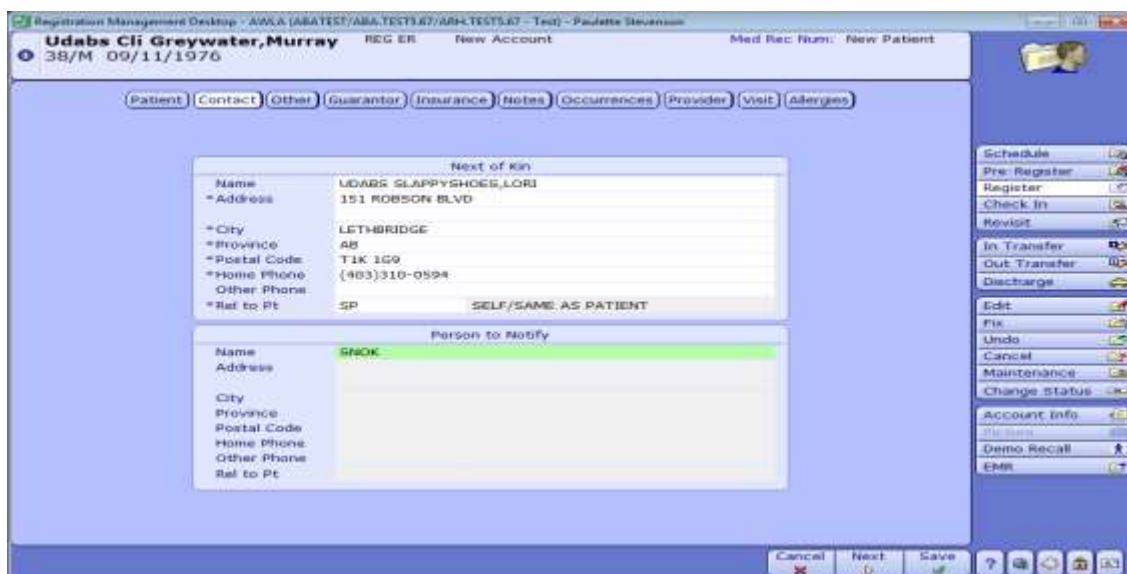
Phone:

Occupation:

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMR

- Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.



Registration Management Desktop - AWLA (ABA TEST/ABA TESTS.67/ARH TESTS.67 - Test) - Pauline Stevenson

**Udabs Cli Greywater, Murray** REG ER New Account Med Rec Num: New Patient  
38/M 09/11/1976

Patient Contact Other Guarantor Insurance Notes Occurrences Provider Visit Allergies

Next of Kin

Name: UDABS SLAPRYSHOES, LORI

\*Address: 151 ROBSON BLVD

\*City: LETHBRIDGE

\*Province: AB

\*Postal Code: T1K 1G9

\*Home Phone: (403)310-0594

Other Phone:

\*Rel to Pt: SP SELF/SAME AS PATIENT

Person to Notify

Name: SNOK

Address:

City:

Province:

Postal Code:

Home Phone:

Other Phone:

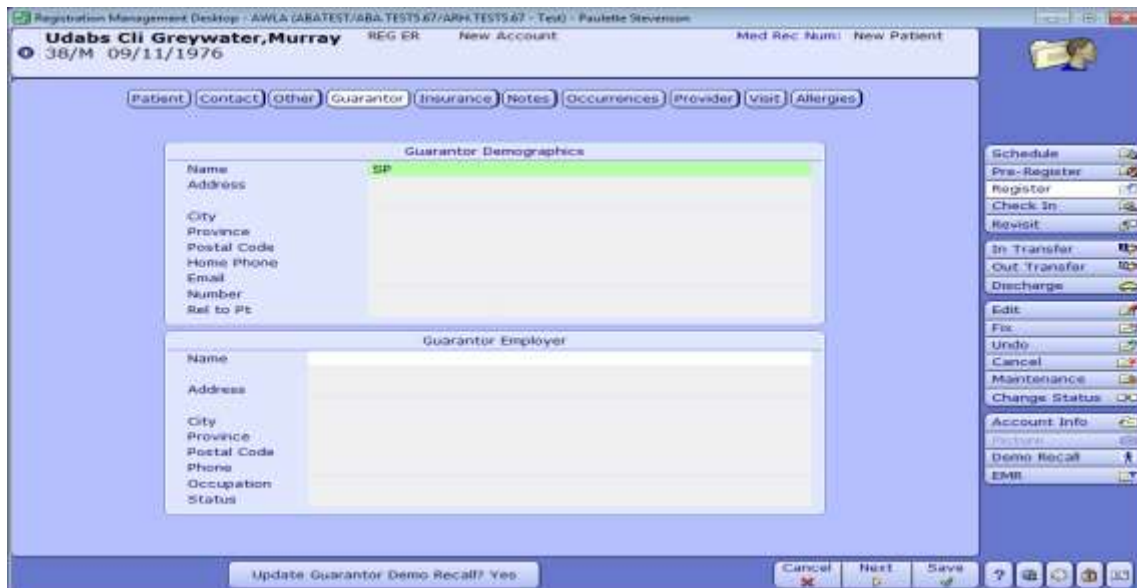
Rel to Pt:

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMR

- Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.





Registration Management Desktop - AWLA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Cui Greywater, Murray** REG ER New Account Med Rec Num: New Patient

38/M 09/11/1976

Patient Contact Other **Guarantor** Insurance Notes Occurrences Provider Visit Allergies

**Guarantor Demographics**

Name: SP  
Address:  
City:  
Province:  
Postal Code:  
Home Phone:  
Email:  
Number:  
Ref to Pt:

**Guarantor Employer**

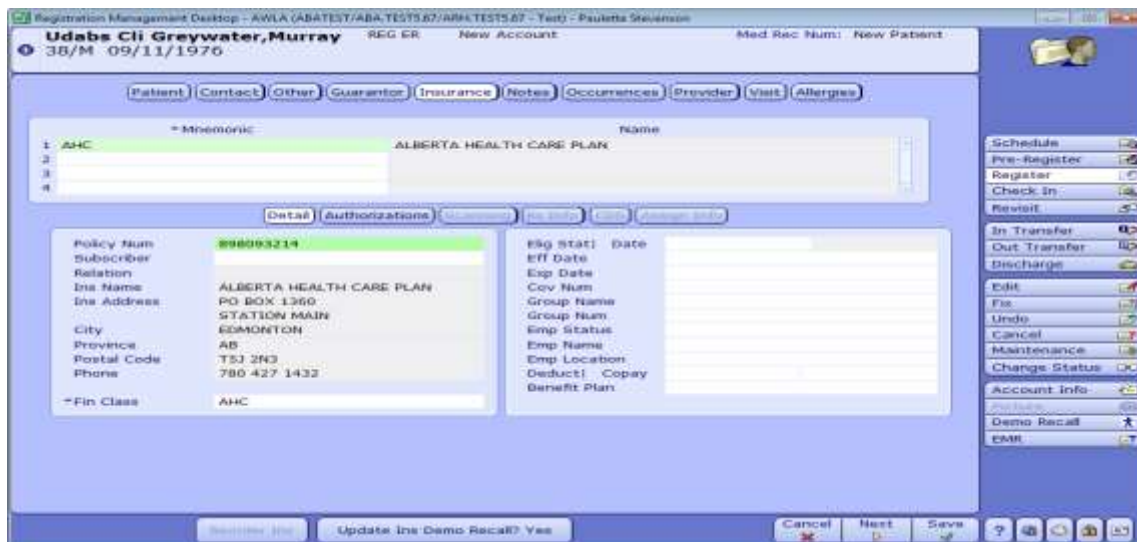
Name:  
Address:  
City:  
Province:  
Postal Code:  
Phone:  
Occupation:  
Status:

Update Guarantor Demo Recall? Yes

Cancel Next Save

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMB

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.



Registration Management Desktop - AWLA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Cui Greywater, Murray** REG ER New Account Med Rec Num: New Patient

38/M 09/11/1976

Patient Contact Other Guarantor **Insurance** Notes Occurrences Provider Visit Allergies

\* Mnemonic: AHC Name: ALBERTA HEALTH CARE PLAN

1: AHC  
2:  
3:  
4:

Detail Authorizations

Policy Num: 898063214  
Subscriber:  
Relation:  
Ins Name: ALBERTA HEALTH CARE PLAN  
Ins Address: PO BOX 1360  
STATION MAIN  
EDMONTON  
City: AB  
Province: AB  
Postal Code: T5J 2N3  
Phone: 780 427 1432  
Fin Class: AHC

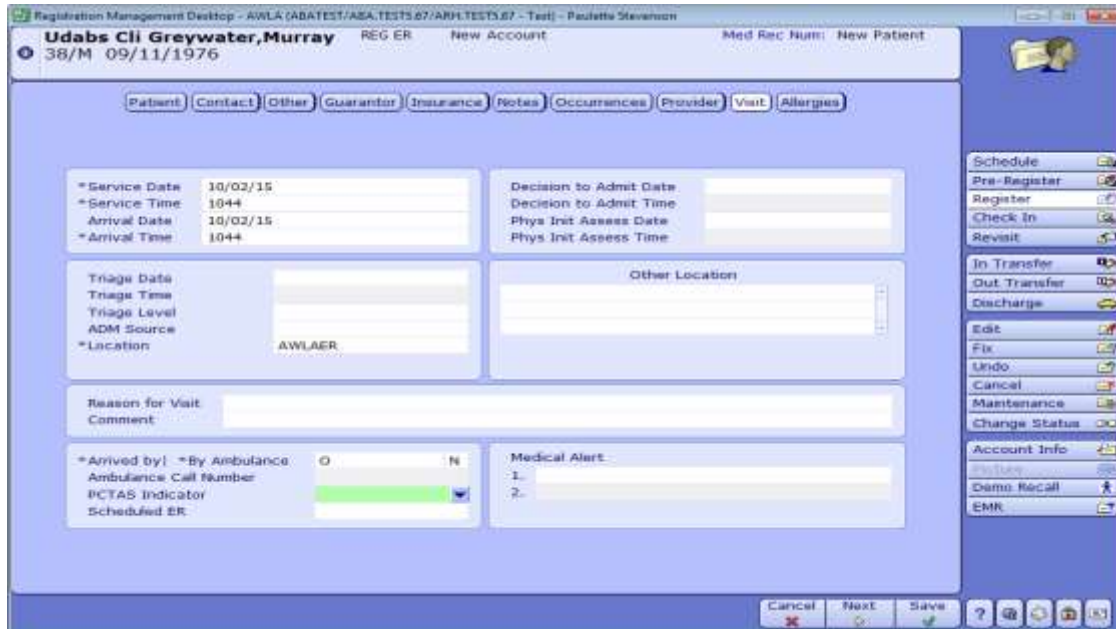
Ego Stat: Date:  
Eff Date:  
Exp Date:  
Coy Num:  
Group Name:  
Group Num:  
Emp Status:  
Emp Name:  
Emp Location:  
Deduct: Copay:  
Benefit Plan:

Update Ins Demo Recall? Yes

Cancel Next Save

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Demo Recall  
EMB

8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

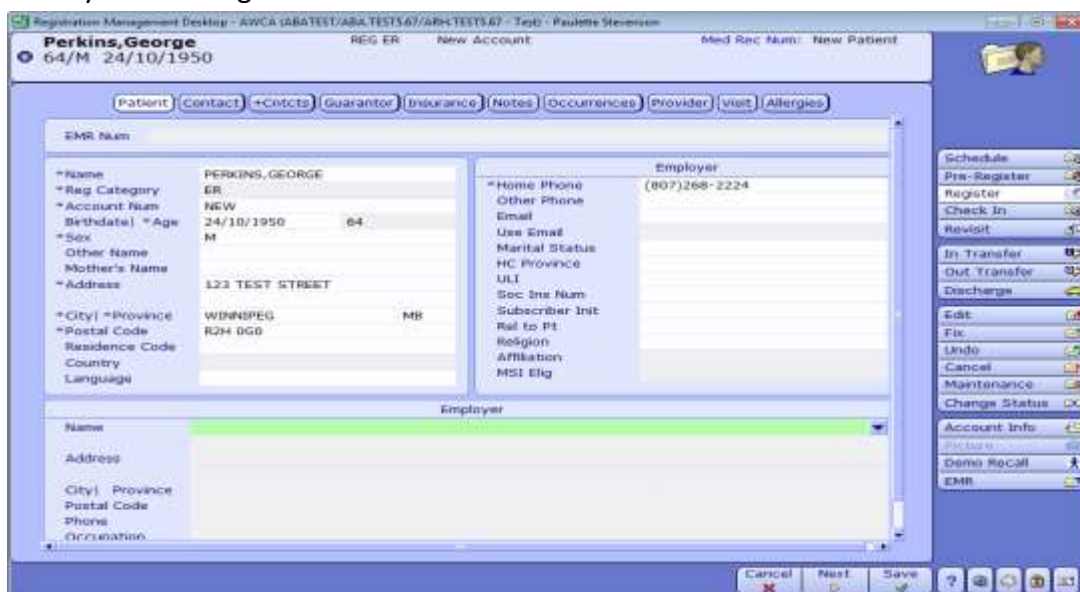
## SELF PAY REGISTRATION

- Patients requesting preferred accommodations, (e.g. private room) and wish to have it billed to a private insurance company.
- Patients with no health care coverage.
- Patients with Out of Province coverage and do not have a health care card to show expiry date.
- Patients from Out of Country.

George Perkins, who is from Manitoba, presents to the Emergency Department with a laceration to his finger. He would like to see the Doctor on call to see if he needs stitches. He presented without his wallet so he does not have his OOP health care card with him and has never been to this facility before.

1. Register patient as Emergency.

- Fill in necessary fields and gather as much information as



Registration Management Desktop - A20CA (ABATEST/ABATEST5.67/ARH-TEST5.67 - Test) - Paulette Stevenson

**Perkins, George**  
64/M 24/10/1950

REG ER New Account Med Rec Num: New Patient

Patient Contact +Cmts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num

\*Name PERKINS, GEORGE  
\*Reg. Category ER  
\*Account Num NEW  
\*Birthdate 24/10/1950 \*Age 64  
\*Sex M  
\*Other Name  
\*Mother's Name  
\*Address 123 TEST STREET  
\*City/Province WINNIPEG MB  
\*Postal Code R2H 0G0  
\*Residence Code  
\*Country  
\*Language

\*Home Phone (807) 268-2224  
\*Other Phone  
\*Email  
\*Use Email  
\*Marital Status  
\*HC Province  
\*ULI  
\*Soc Ins Num  
\*Subscriber Init  
\*Rel to Pt  
\*Region  
\*Affiliation  
\*MSI Elig

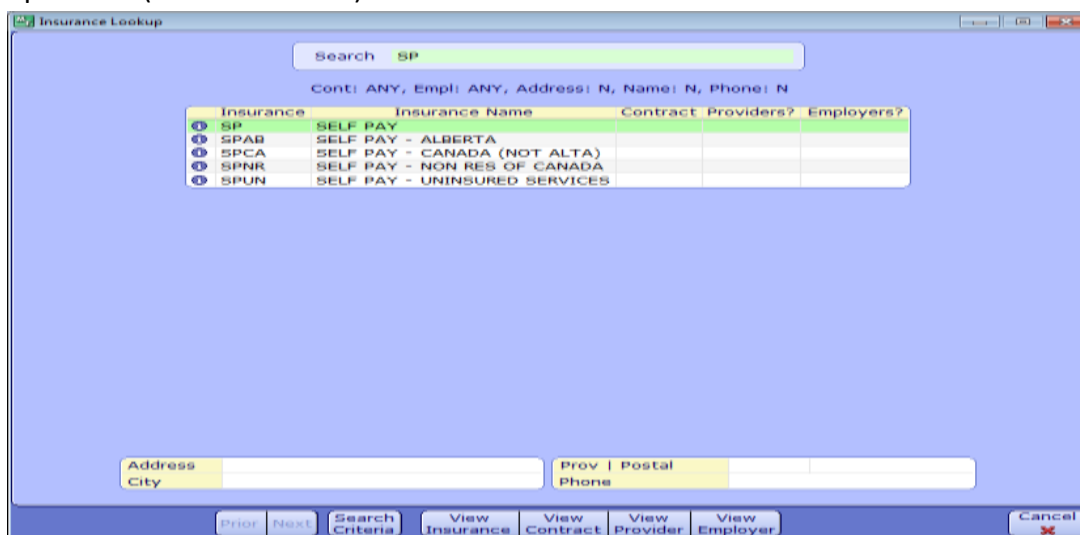
Employer

Name  
Address  
City/Province  
Postal Code  
Phone  
Occupation

Cancel Next Save ?

possible.

- Once on the Insurance tab, enter SP then F9 on the first line. This will bring up a list of all Self Pay options. (DO NOT USE SP)



Insurance Lookup

Search SP

Cont: ANY, Empl: ANY, Address: N, Name: N, Phone: N

Insurance	Insurance Name	Contract	Providers?	Employers?
SP	SELF PAY			
SPAD	SELF PAY - ALBERTA			
SPCA	SELF PAY - CANADA (NOT ALTA)			
SPNR	SELF PAY - NON RES OF CANADA			
SPUN	SELF PAY - UNINSURED SERVICES			

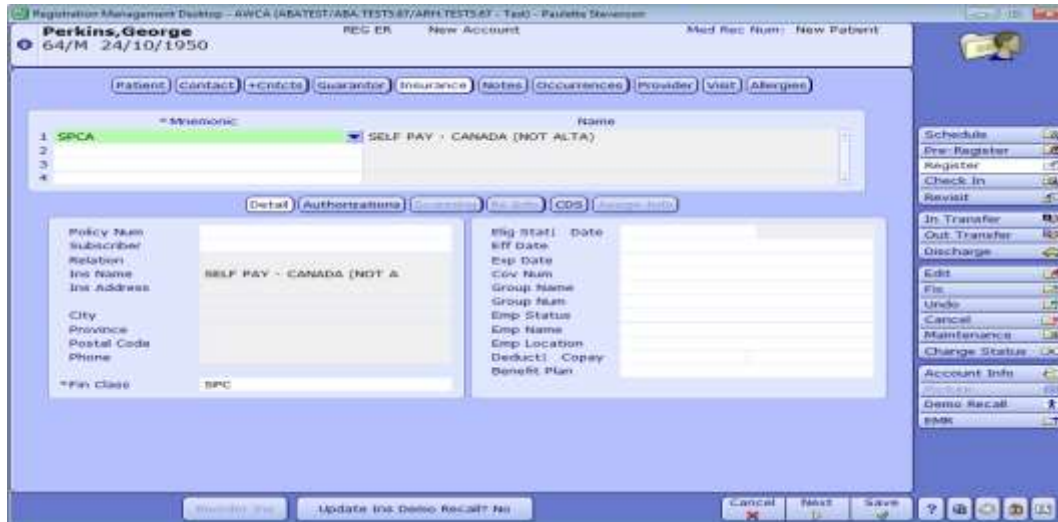
Address  
City

Prov | Postal  
Phone

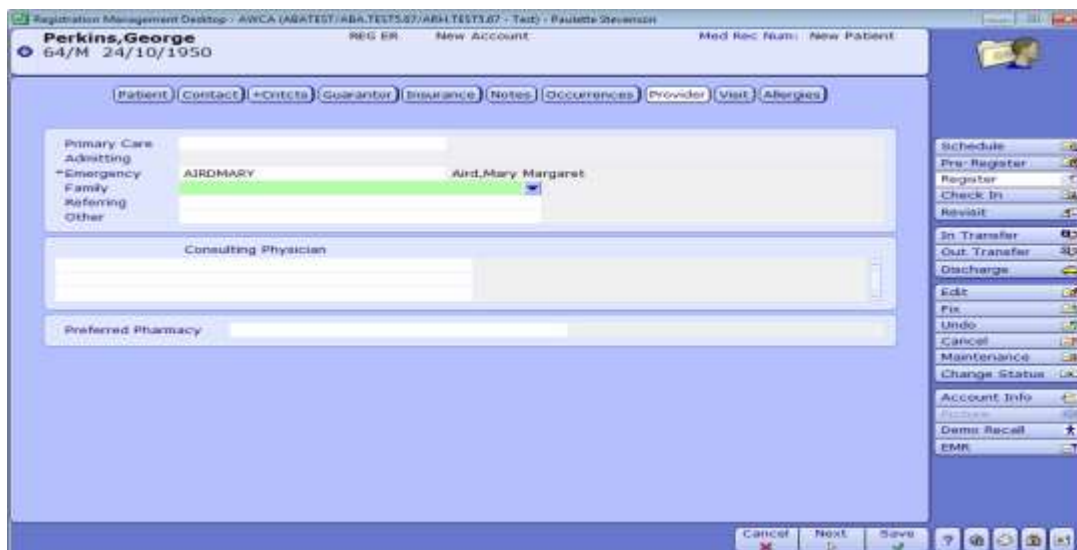
Prior Next Search Criteria View Insurance View Contract View Provider View Employer Cancel

- Select Self Pay Canada (NOT ALTA).

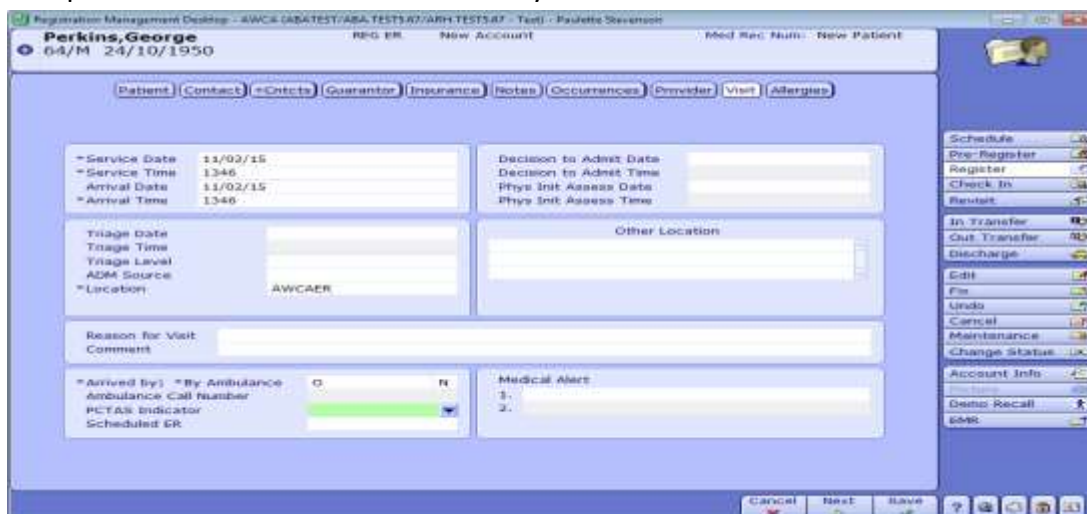




5. Continue on to the Provider tab



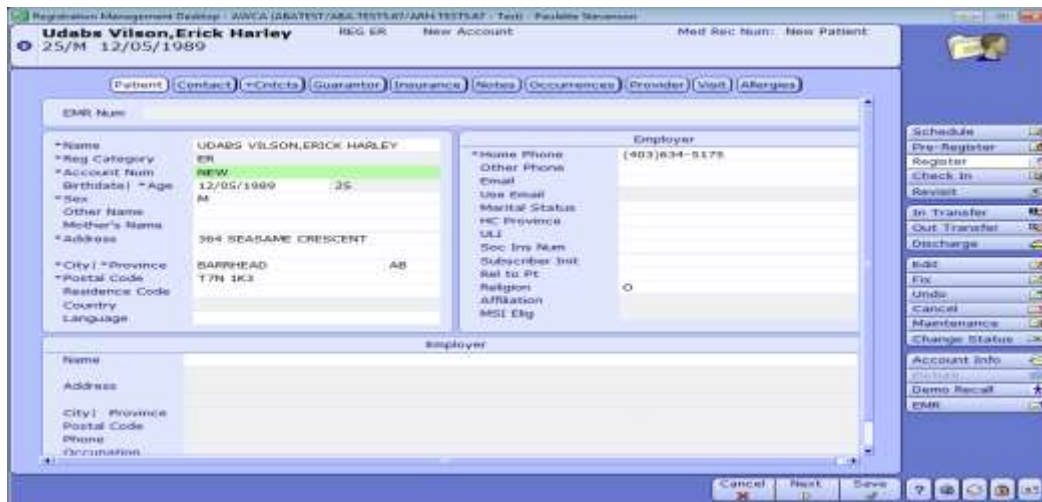
6. Complete Visit tab and fill in all necessary information marked with an asterisk.



7. Save and print necessary forms.

## WCB REGISTRATION

### 1. Register Patient



Registration Management Desktop - AWCA (ABA TEST/ABA TESTS.67/ABH TESTS.67 - Test) - Pauline Stevenson

**Udabs Vilson, Erick Harley** REG ER New Account Med Rec Num: New Patient  
25/M 12/05/1989

Patient Contact Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num

\*Name UDABS VILSON, ERICK HARLEY  
\*Reg Category ER  
\*Account Num NEW  
\*Birthdate 12/05/1989 \*Age 25  
\*Sex M  
\*Other Name  
\*Mother's Name  
\*Address 364 SEASAME CRESCENT  
\*City / \*Province BARRHEAD AB  
\*Postal Code T7N 1K3  
\*Residence Code  
\*Country  
\*Language

\*Home Phone (403) 634-5175  
\*Other Phone  
\*Email  
\*User Email  
\*Marital Status  
\*HC Province  
\*ULI  
\*Soc Ins Num  
\*Subscriber Init  
\*Rel to Pt  
\*Region  
\*Affiliation  
\*MSI Elig

Employer

Name  
Address  
City / Province  
Postal Code  
Phone  
Occupation

Cancel Next Save

### 2. Confirm demographics, contact information and guarantor information with patient.



Registration Management Desktop - AWCA (ABA TEST/ABA TESTS.67/ABH TESTS.67 - Test) - Pauline Stevenson

**Udabs Vilson, Erick Harley** REG ER New Account Med Rec Num: New Patient  
25/M 12/05/1989

Patient Contact Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

Next of Kin

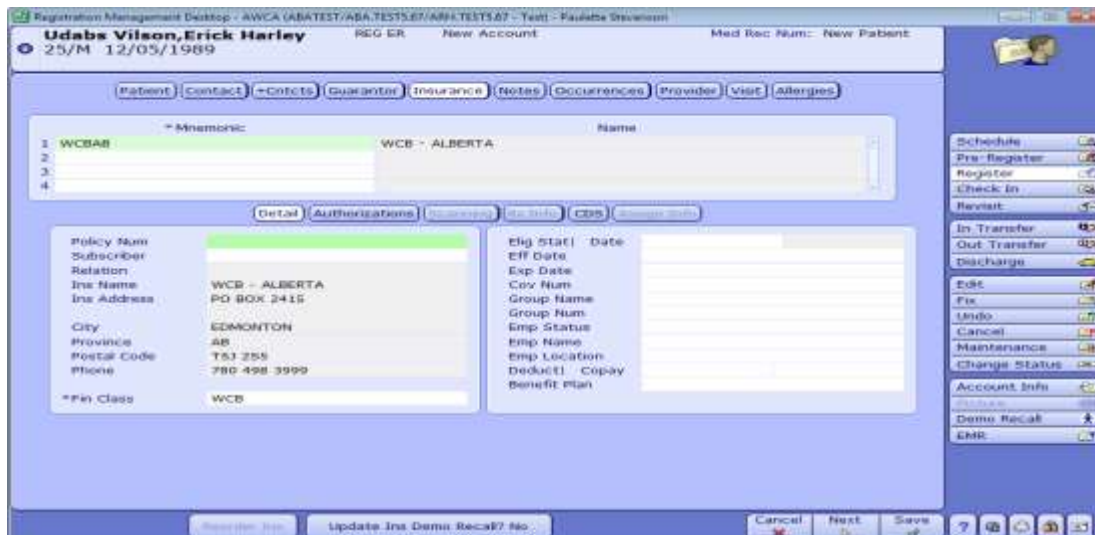
Name UDABS VILSON, ERICK HARLEY  
\*Address 364 SEASAME CRESCENT  
\*City BARRHEAD  
\*Province AB  
\*Postal Code T7N 1K3  
\*Home Phone (403) 634-5175  
\*Other Phone  
\*Rel to Pt SP SELF/SAME AS PATIENT

Person to Notify

Name UDABS VILSON, ERICK HARLEY  
\*Address 364 SEASAME CRESCENT  
\*City BARRHEAD  
\*Province AB  
\*Postal Code T7N 1K3  
\*Home Phone (403) 634-5175  
\*Other Phone  
\*Rel to Pt SP SELF/SAME AS PATIENT

Cancel Next Save

### 3. Under the Insurance Tab, enter WCB in the first line and press F9. Select the appropriate insurance.



Registration Management Desktop - AWCA (ABA TEST/ABA TESTS.67/ABH TESTS.67 - Test) - Pauline Stevenson

**Udabs Vilson, Erick Harley** REG ER New Account Med Rec Num: New Patient  
25/M 12/05/1989

Patient Contact Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

\*Mnemonic 1 WCBAB WCB - ALBERTA Name

2  
3  
4

Detail Authorizations Subgroups Exp Dates CDS Coverage Dates

Policy Num  
Subscriber  
Relation  
Ins Name WCB - ALBERTA  
Ins Address PO BOX 2415  
City EDMONTON  
Province AB  
Postal Code T5J 2S5  
Phone 780 498 3999  
\*Pay Class WCB

Elig Stat Date  
Eff Date  
Exp Date  
Cov Num  
Group Name  
Group Num  
Emp Status  
Emp Name  
Emp Location  
Deductible Copay  
Benefit Plan

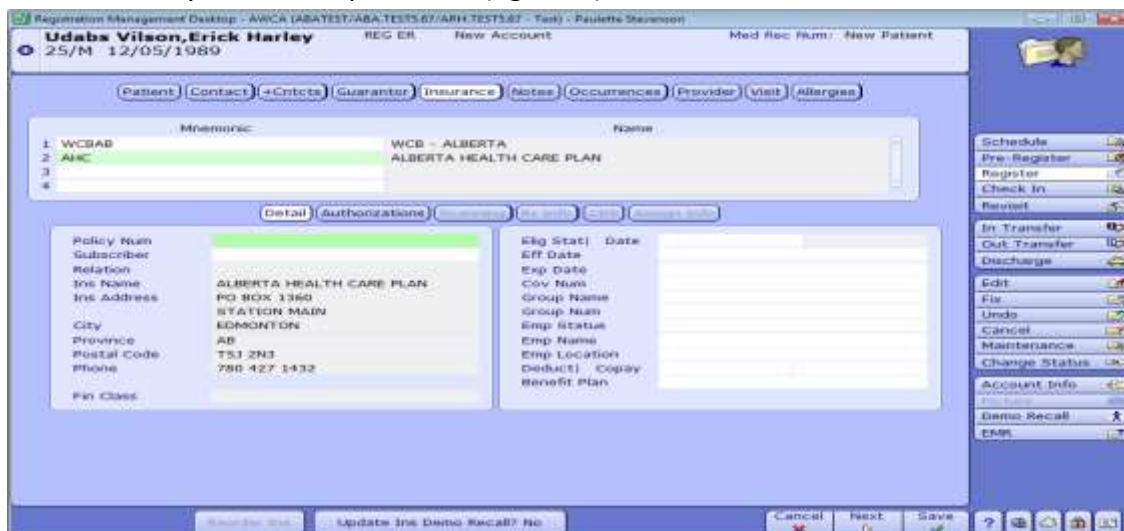
Register Ins Update Ins Demo Recal? No

Cancel Next Save

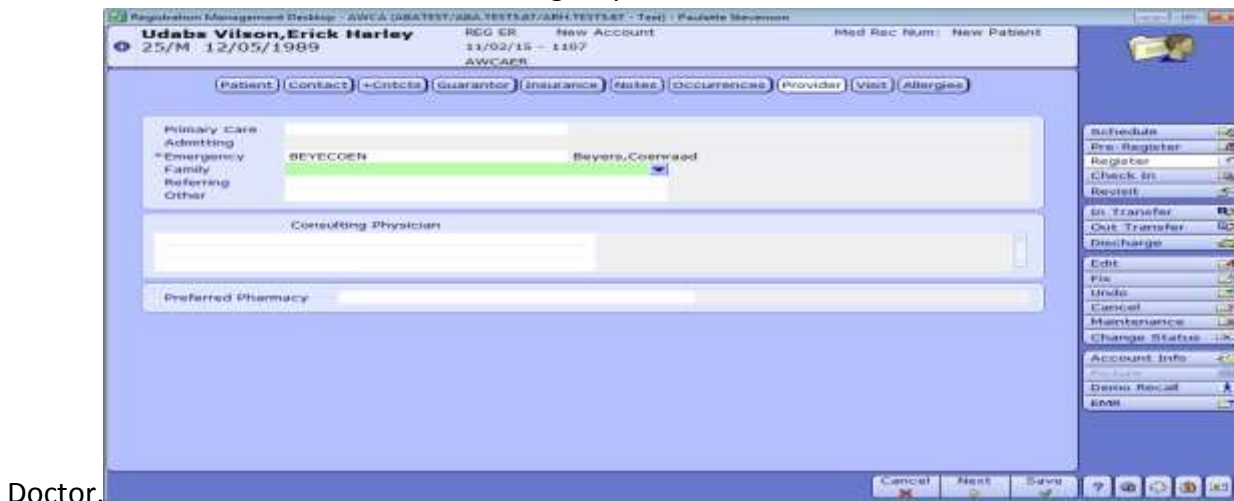
- Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary WCB information into this screen.



- Add secondary insurance, provincial (eg. AHC), into line 2 under WCB.



- Update Ins Demo Recall button at the bottom of the screen is set to “NO” for WCB patients.
- Continue to Provider tab and fill out Emergency



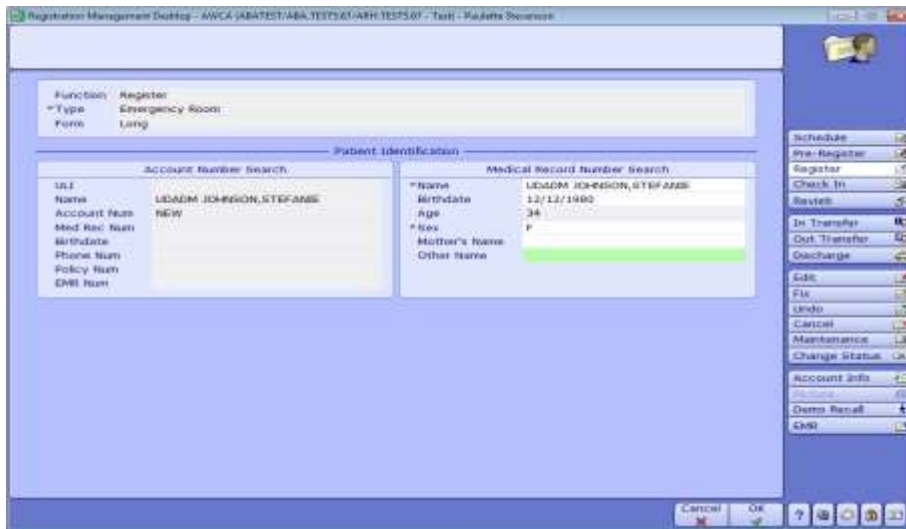
Doctor.



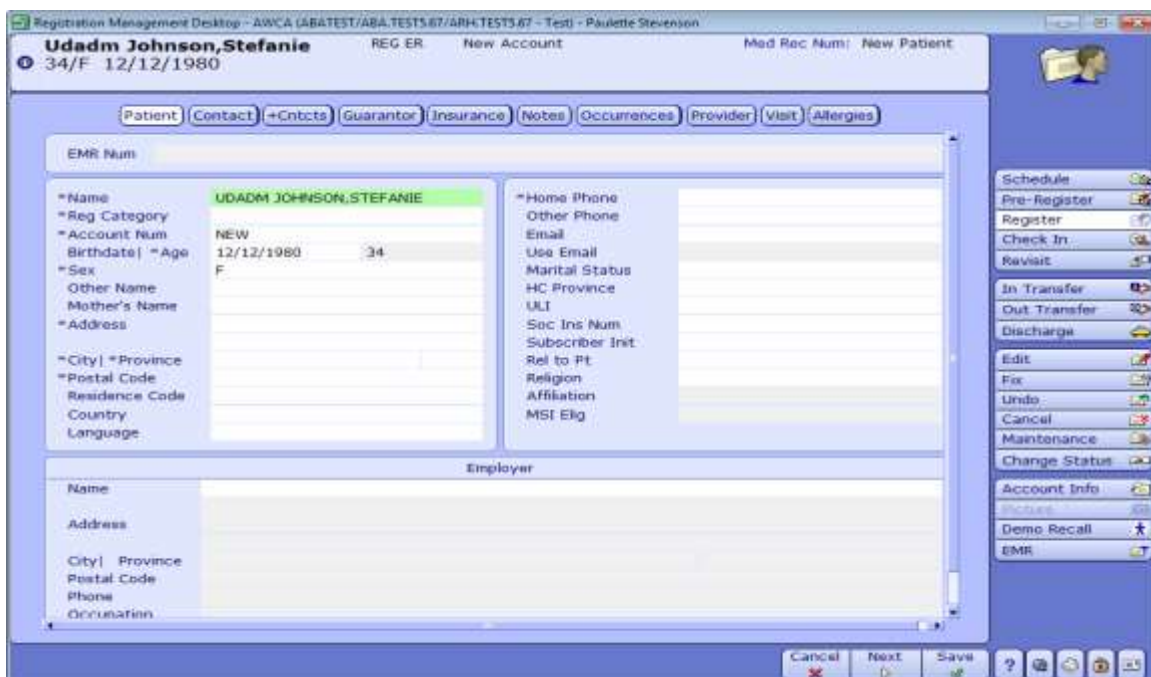
- Complete Visit tab functions, save information and print necessary forms.

## OOP REGISTRATION

- Using the pull down menu, choose the Type of Visit and use Long Form.
- Enter in patients name and date of birth in the appropriate fields.

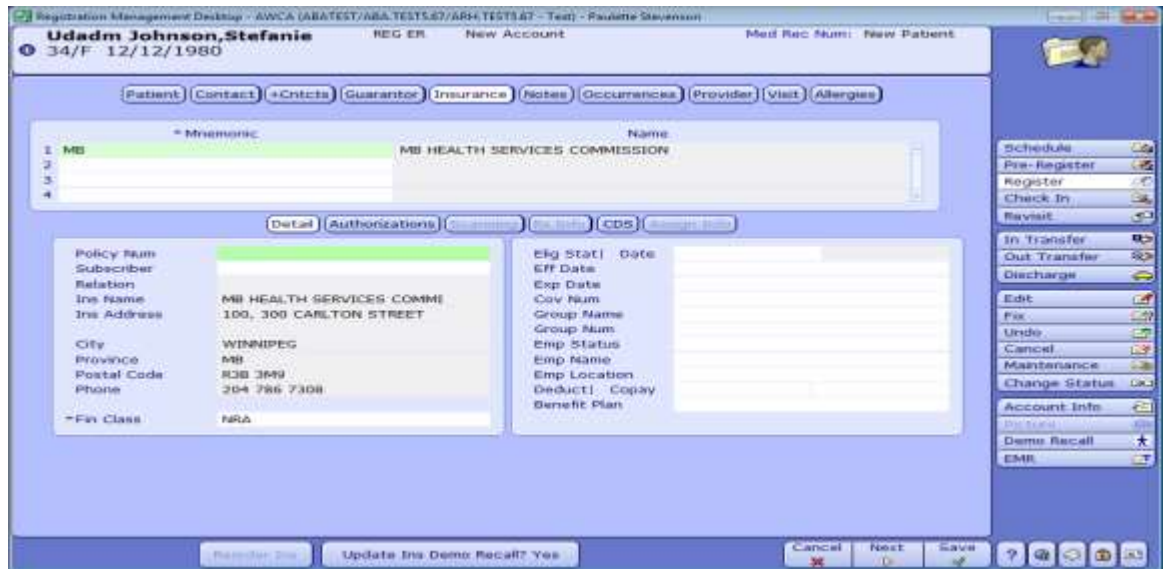


- If the patient is new to the system, you will have to use the F11 button to go through any patient that has a partial match to the patient entered. Keep using the F11 button until you get the pop up that states patient not found. Once you Save or F12 this pop up, you can then fill in the demographics screen.



4. Fill in contact and guarantor information.
5. Under the Insurance Tab, enter the provincial health care, eg. MB for Manitoba and F9 to choose correct

insurance.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Pauline Stevenson

Udadm Johnson, Stefanie  
34/F 12/12/1980

REG ER New Account Med Rec Num: New Patient

Patient Contact +Cncts Guarantor Insurance Notes Occurrences Provider Visit Allergies

\* Mnemonic Name  
1 MB MB HEALTH SERVICES COMMISSION  
2  
3  
4

Detail Authorizations Occurrences Ins Info CDS Assign Info

Policy Num		Elg Stat	Date
Subscriber		Eff Date	
Relation		Exp Date	
Ins Name	MB HEALTH SERVICES COMME	Cov Num	
Ins Address	100, 300 CARLTON STREET	Group Num	
City	WINNIPEG	Emp Status	
Province	MB	Emp Name	
Postal Code	R3B 3M9	Emp Location	
Phone	204 786 7308	Deductl Copay	
*Fin Class	NRA	Benefit Plan	

Remember Ins Update Ins Demo Recall? Yes

Cancel Next Save ? [Icons]

6. Continue over to the CDS (Customer Defined Screen) tab and fill out the necessary OOP information.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Pauline Stevenson

Udadm Johnson, Stefanie  
34/F 12/12/1980

REG ER New Account Med Rec Num: New Patient

Patient Contact +Cncts Guarantor Insurance Notes Occurrences Provider Visit Allergies

\* Mnemonic Name  
1 MB MB HEALTH SERVICES COMMISSION  
2  
3  
4

Detail Authorizations Occurrences Ins Info CDS Assign Info

\*Out-of-Prov Address (Street/Box) 123 STREET  
\*Out-of-Prov City WINNIPEG  
\*Out-of-Prov Province MB Manitoba  
\*Out-of-Prov Postal Code (A9A9A9) MB  
Insurance Card Exp Date - YEAR  
Insurance Card Exp Date - MONTH  
Insurance Card Exp Date - DAY  
Expiry date  
---ADM please ignore - Old Format Data for BAR claims---  
Out-of-Prov City/Province  
Out-of-Prov Postal Code

Remember Ins Update Ins Demo Recall? Yes

Cancel Next Save ? [Icons]

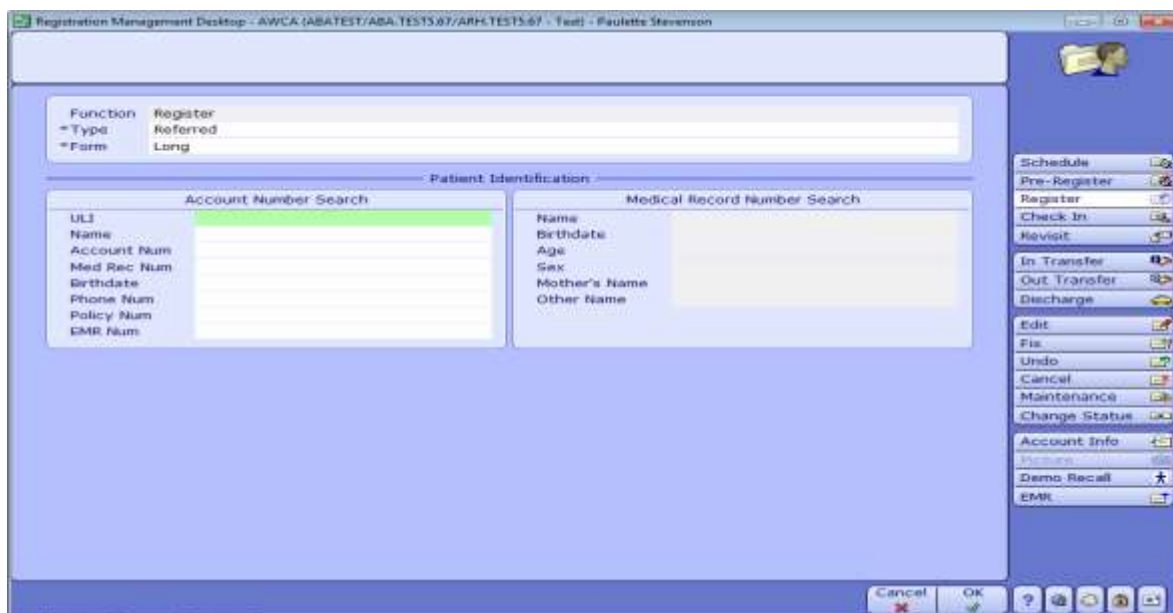
7. Make sure the Update Ins Demo Recall button at the bottom of the screen is set to Yes.
8. Continue to Provider tab and fill out Emergency Doctor.
9. Complete Visit tab functions, save information and print necessary forms.



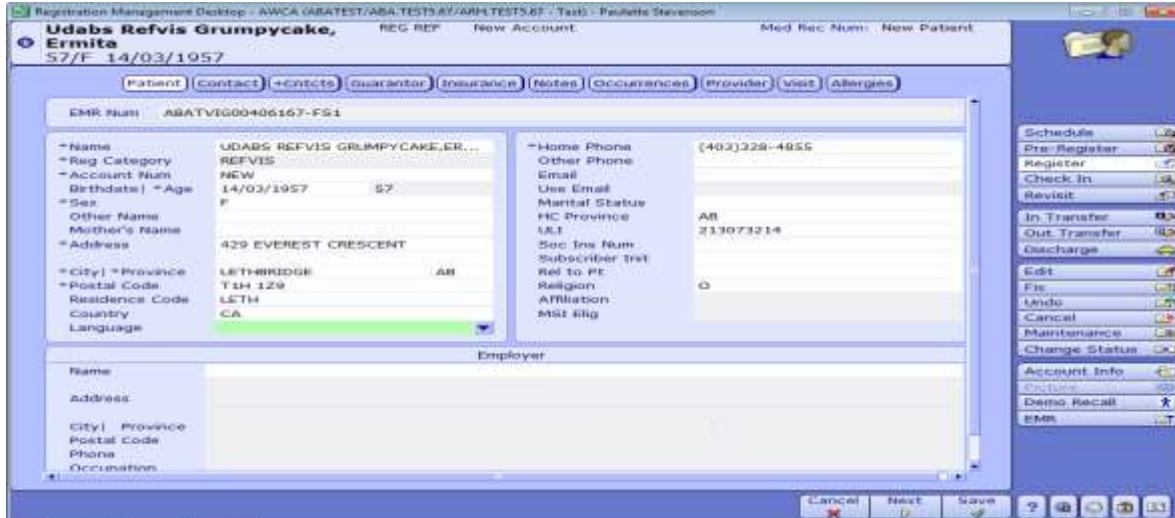
## REFERRED

- patients sent for diagnostic testing (laboratory)
- referred in bodies for autopsy
- all routines for either Referred or Referred Client at the same

1. Click on register button.
2. Using the pull down menu choose Referred and Long Form.



3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
4. Use the pull down menu in Reg Category and choose Referred or Referred Visit. Anything with an asterisk is a mandatory field and must be completed.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Refvis Grumpycake, Ermita** REG REF New Account Med Rec Num: New Patient  
57/F 14/03/1957

Patient Contact +Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

EMR Num: ABATVIG00406167-FS1

\*Name: UDABS REFVIS GRUMPYCAKE, ERMITA  
\*Reg Category: REFVIS  
\*Account Num: NEW  
\*Birthdate: 14/03/1957 \*Age: 57  
\*Sex: F  
\*Other Name:  
\*Mother's Name:  
\*Address: 429 EVEREST CRESCENT  
\*City: LETHBRIDGE \*Province: AB  
\*Postal Code: T1H 1Z9  
\*Residence Code: LETH  
\*Country: CA  
\*Language:

\*Home Phone: (403)328-4855  
\*Other Phone:  
\*Email:  
\*Use Email:  
\*Marital Status:  
\*HC Province: AB  
\*ULT: 213073214  
\*Sec Ins Num:  
\*Subscriber Init:  
\*Rel to PE:  
\*Religion:  
\*Affiliation:  
\*Mst flag:

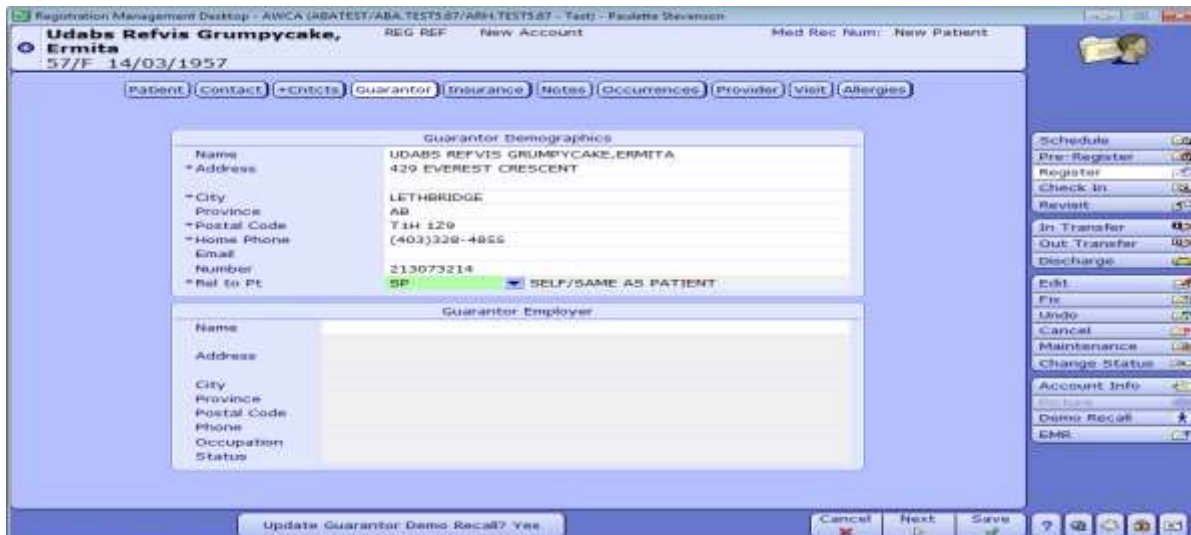
Employer

Name:  
Address:  
City: Province:  
Postal Code:  
Phone:  
Occupation:

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fit  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Refvis Grumpycake, Ermita** REG REF New Account Med Rec Num: New Patient  
57/F 14/03/1957

Patient Contact +Contacts Guarantor Insurance Notes Occurrences Provider Visit Allergies

Guarantor Demographics

\*Name: UDABS REFVIS GRUMPYCAKE, ERMITA  
\*Address: 429 EVEREST CRESCENT  
\*City: LETHBRIDGE  
\*Province: AB  
\*Postal Code: T1H 1Z9  
\*Home Phone: (403)328-4855  
\*Email Number: 213073214  
\*Rel to PE: SP SELF/SAME AS PATIENT

Guarantor Employer

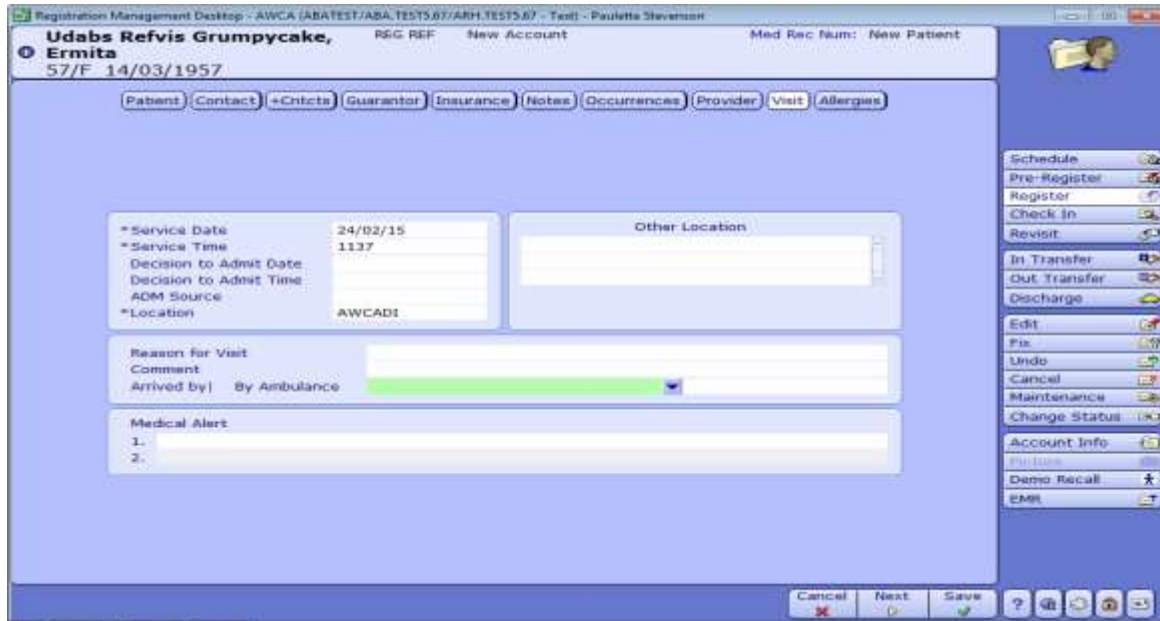
Name:  
Address:  
City: Province:  
Postal Code:  
Phone:  
Occupation:  
Status:

Update Guarantor Demo Recall? Yes

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fit  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
8. Provider tab. This is where the Attending/Family Physician is entered.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



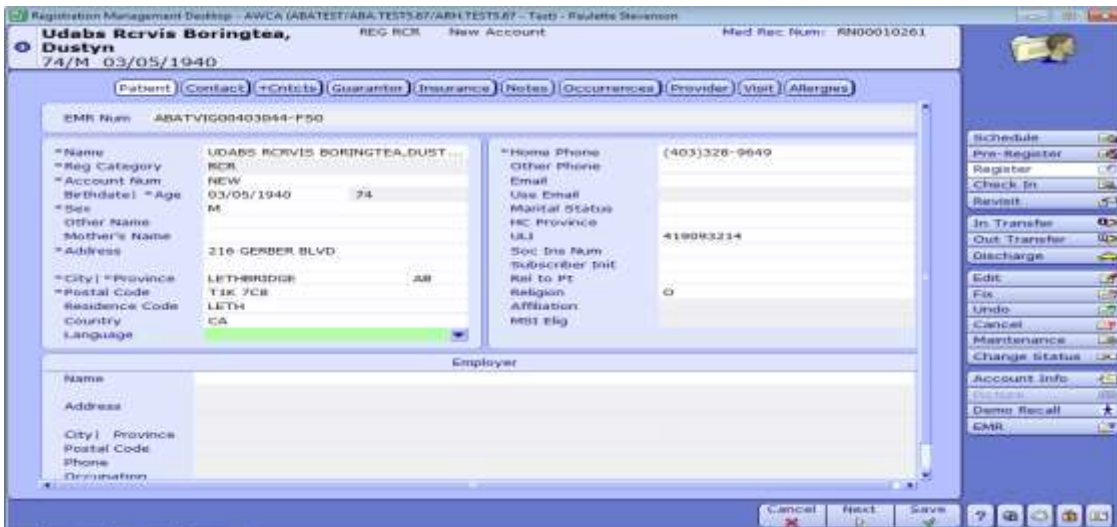
10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



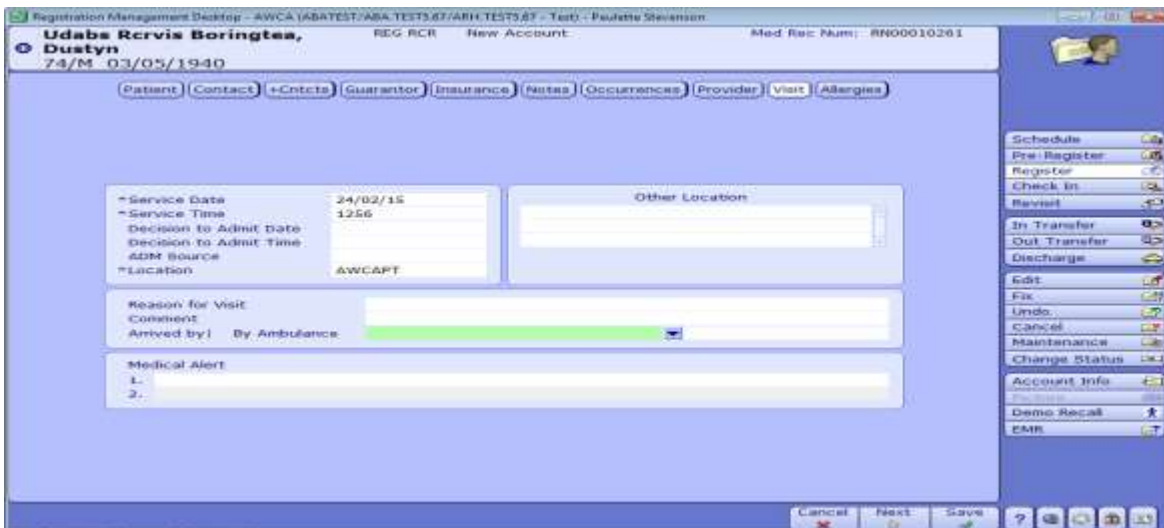
## RECURRING

- Pertains to Clinical Registration visits that occur on a Recurring basis
1. Click on register button.
  2. Using the pull down menu choose Recurring and Long Form.
  3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
  4. Use the pull down menu in Reg Category and choose Recurring or Recurring Visit. Anything with an asterisk is a mandatory field and must be completed.





5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.
7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.

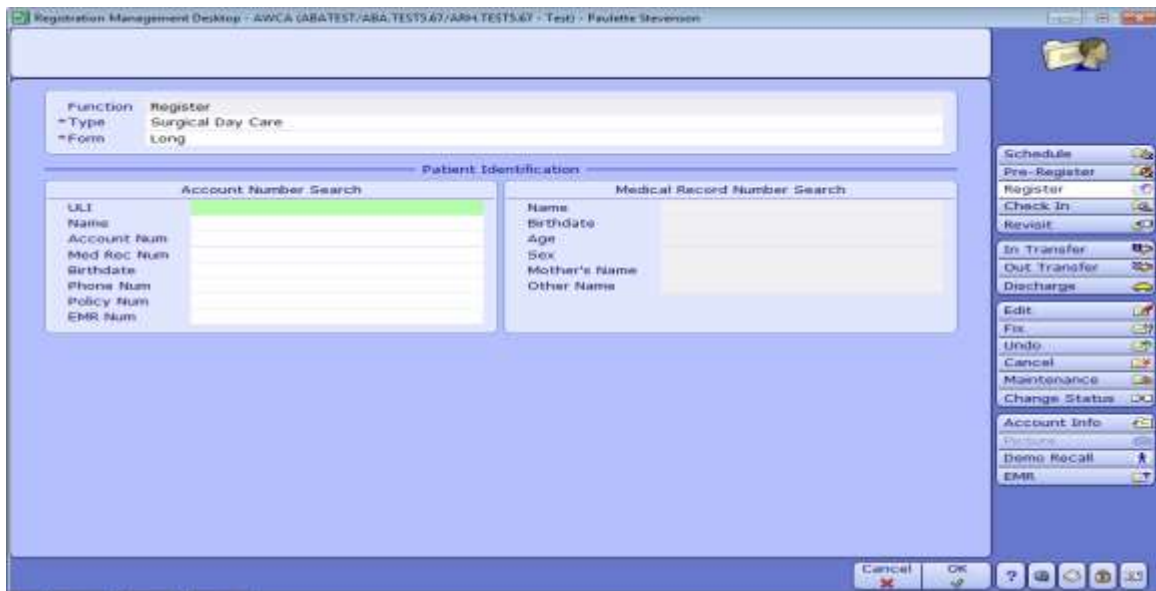


10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



## SURGICAL DAY CARE

- Outpatients presenting for procedures in a specifically designed, staffed and equipped surgical operating room.
1. Click on register button.
  2. Using the pull down menu choose Surgical Day Care and Long Form.
  3. Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.



4. Use the pull down menu in Reg Category and choose Surgical Day Care. Anything with an asterisk is a mandatory field and must be completed.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

**Udabs Sdcr Slappyshoes, Lori** REG SDC New Account Med Rec Num: New Patient  
57/F 29/09/1957

(Patient) (Contact) (+Cncts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

EMR Num: ABATVIG0403046-F50

*Name	UDABS SDCR SLAPPYSHOES, LORI	
*Reg Category	SDC	
*Account Num	NEW	
Birthday	29/09/1957	57
*Sex	F	
Other Name		
Mother's Name		
*Address	393 CRANDELL AVE	
*City	LETHBRIDGE	AB
*Postal Code	T1K 4Y3	
Residence Code	LETH	
Country	CA	
Language		

*Home Phone	(403)327-0493
Other Phone	
Email	
Use Email	
Mental Status	
HC Province	
ULL	688033214
Soc Ins Num	
Subscriber Init	
Rel to Pt	O
Religion	
Affiliation	
MSI Elig	

Employer

Name

Address

City| Province

Postal Code

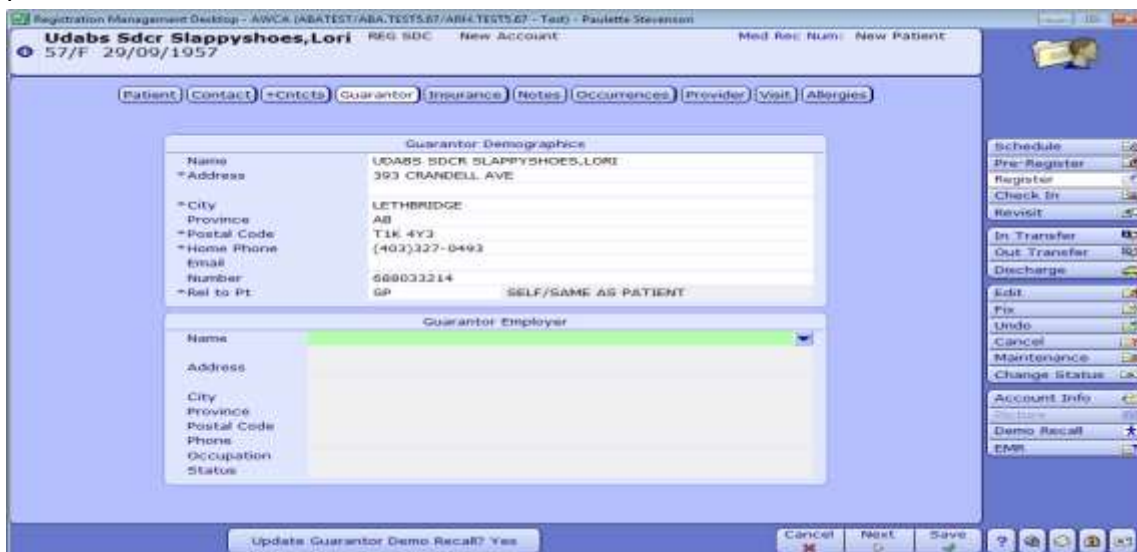
Phone

Occupation

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

- Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
- Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



Registration Management Desktop - AWCA (ABATEST/ABA.TESTS.67/ARH.TESTS.67 - Test) - Paulette Stevenson

**Udabs Sdcr Slappyshoes, Lori** REG SDC New Account Med Rec Num: New Patient  
57/F 29/09/1957

(Patient) (Contact) (+Cncts) (Guarantor) (Insurance) (Notes) (Occurrences) (Provider) (Visit) (Allergies)

Guarantor Demographics

Name	UDABS SDCR SLAPPYSHOES, LORI	
*Address	393 CRANDELL AVE	
*City	LETHBRIDGE	AB
Province		
*Postal Code	T1K 4Y3	
*Home Phone	(403)327-0493	
Email		
Number	688033214	
*Rel to Pt	GP SELF/SAME AS PATIENT	

Guarantor Employer

Name

Address

City| Province

Postal Code

Phone

Occupation

Status

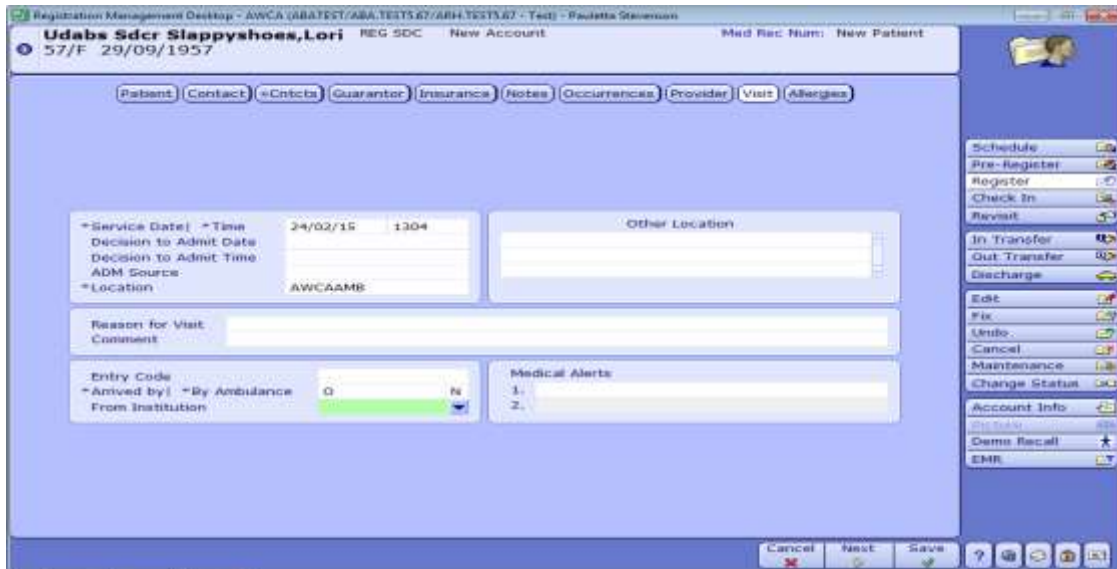
Update Guarantor Demo Recall? Yes

Cancel Next Save ? [Icons]

Schedule  
Pre-Register  
Register  
Check In  
Revisit  
In Transfer  
Out Transfer  
Discharge  
Edit  
Fix  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Demo Recall  
EMR

- Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.
- Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.

- The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



Registration Management Desktop - AWCA (ABA TEST/ABA TESTS E7/ARH TESTS E7 - Test) - Paulette Stevenson

**Udabs Sdcr Slappyshees, Lori** REG SDC New Account Med Rec Num: New Patient  
57/F 29/09/1957

\*Service Date: 24/02/15 \*Time: 1304  
 Decision to Admit Date:   
 Decision to Admit Time:   
 ADM Source:   
 \*Location: AWCAAMB

Other Location:

Reason for Visit:   
Comment:

Entry Code:   
 \*Arrived by: \*By Ambulance: 0 N   
 From Institution:

Medical Alerts:   
1.   
2.

Schedule  
 Pre-Register  
 Register  
 Check In  
 Revisit  
 In Transfer  
 Out Transfer  
 Discharge  
 Edit  
 Fix  
 Undo  
 Cancel  
 Maintenance  
 Change Status  
 Account Info  
 Discharge  
 Demo Recall  
 EHR

- Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.



## PROVIDER OFFICE VISIT

- Click on register button.
- Using the pull down menu choose Provider Office Visit and Long Form.
- Register the patient using the patient identification fields, eg. Health Care Card, ULI, Name, DOB, etc.
- Use the pull down menu in Reg Category and choose POV. Anything with an asterisk is a mandatory field and must be completed.





Registration Management Desktop - ACLA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Pov Strangepaper, Stokton** REG POV New Account Med Rec Num: New Patient  
34/M 13/05/1980

EMR Num: ABATVIGD0406166-F50

**Patient** | Contact | Guarantor | Insurance | Notes | Occurrences | Provider | Visit | Allergies

\*Name: UDABS POV STRANGEPAPER, STO...  
 \*Reg Category: POV  
 \*Account Num: NEW  
 \*Birthdate: 13/05/1980 \*Age: 34  
 \*Sex: M  
 \*Other Name:  
 \*Mother's Name:  
 \*Address: 333 RESIN STREET  
 \*City: LETHBRIDGE \*Province: AB  
 \*Postal Code: T1H 1Z9  
 \*Residence Code: LETH  
 \*Country: CA  
 \*Language:


\*Home Phone: (403)308-9840  
 \*Other Phone:  
 \*Email:  
 \*Use Email:  
 \*Marital Status:  
 \*HC Province:  
 \*ULI: 133043214  
 \*Soc Ins Num:  
 \*Subscriber Init:  
 \*Rel to Pt:  
 \*Religion:  
 \*Affiliation:  
 \*MST Elig:

**Employer**  
 Name:  
 Address:  
 City: Province:  
 Postal Code:  
 Phone:  
 Occupation:

Cancel Next Save ?

Schedule  
 Pre-Register  
 Register  
 Check In  
 Revisit  
 In Transfer  
 Out Transfer  
 Discharge  
 Edit  
 File  
 Undo  
 Cancel  
 Maintenance  
 Change Status  
 Account Info  
 Picture  
 Demo Recall  
 EMR

5. Using your tab button will bring you onto the next tab at the top of the screen or use your mouse to navigate. Confirm patient contacts, which consist of next of kin and person to notify.
6. Guarantor tab will have the patient's information unless the patient is under the age of 18, then the responsibility falls to the parent or guardian of the patient. The Guarantor is the person responsible for paying for services not covered by a carrier and is ultimately responsible for payment. By typing in SP (Same as Patient) or SNOK (if parent or guardian) will bring all the patients information onto this screen.



Registration Management Desktop - ACLA (ABATEST/ABA-TESTS.67/ARH-TESTS.67 - Test) - Paulette Stevenson

**Udabs Pov Strangepaper, Stokton** REG POV New Account Med Rec Num: New Patient  
34/M 13/05/1980

**Patient** | Contact | **Guarantor** | Insurance | Notes | Occurrences | Provider | Visit | Allergies

**Guarantor Demographics**  
 \*Name: UDABS STRANGEPAPER,STOCKTO  
 \*Address: 333 RESIN STREET  
 \*City: LETHBRIDGE  
 \*Province: AB  
 \*Postal Code: T1H 1Z9  
 \*Home Phone: (403)308-9840  
 \*Email:  
 \*Number:  
 \*Rel to Pt: SP SELF/SAME AS PATIENT

**Guarantor Employer**  
 Name:  
 Address:  
 City:  
 Province:  
 Postal Code:  
 Phone:  
 Occupation:  
 Status:

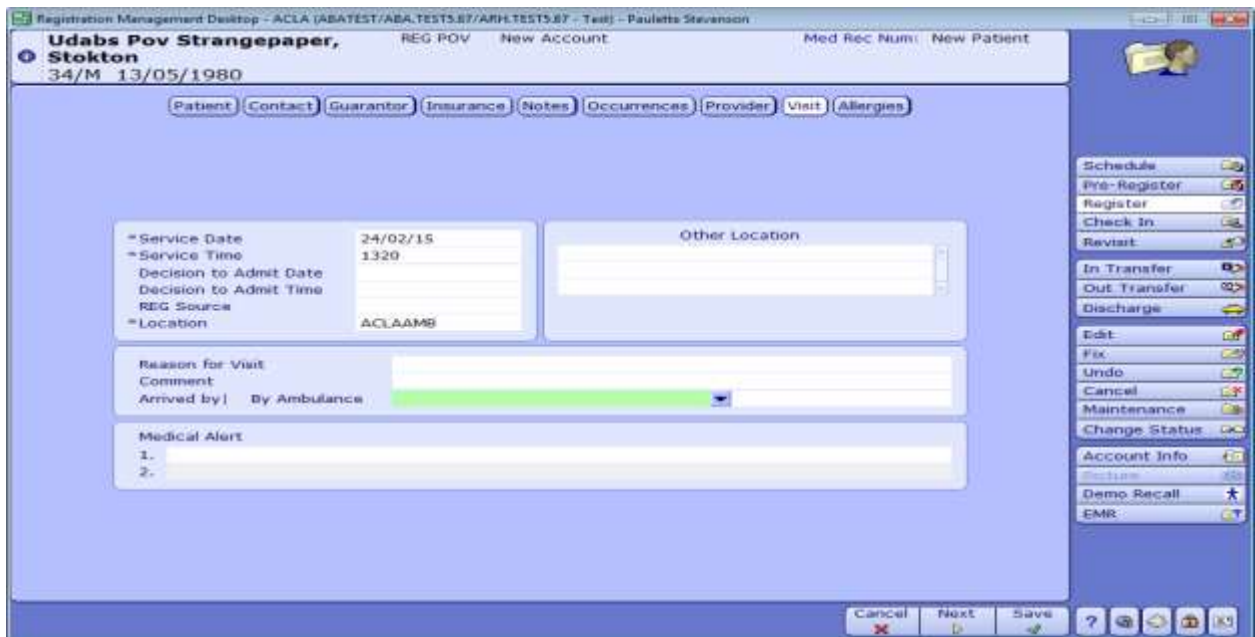
Update Guarantor Demo Recall? Yes

Cancel Next Save ?

Schedule  
 Pre-Register  
 Register  
 Check In  
 Revisit  
 In Transfer  
 Out Transfer  
 Discharge  
 Edit  
 File  
 Undo  
 Cancel  
 Maintenance  
 Change Status  
 Account Info  
 Picture  
 Demo Recall  
 EMR

7. Tab over to Insurance tab. This tab is to specify the primary insurance that is responsible for hospitalization benefits.

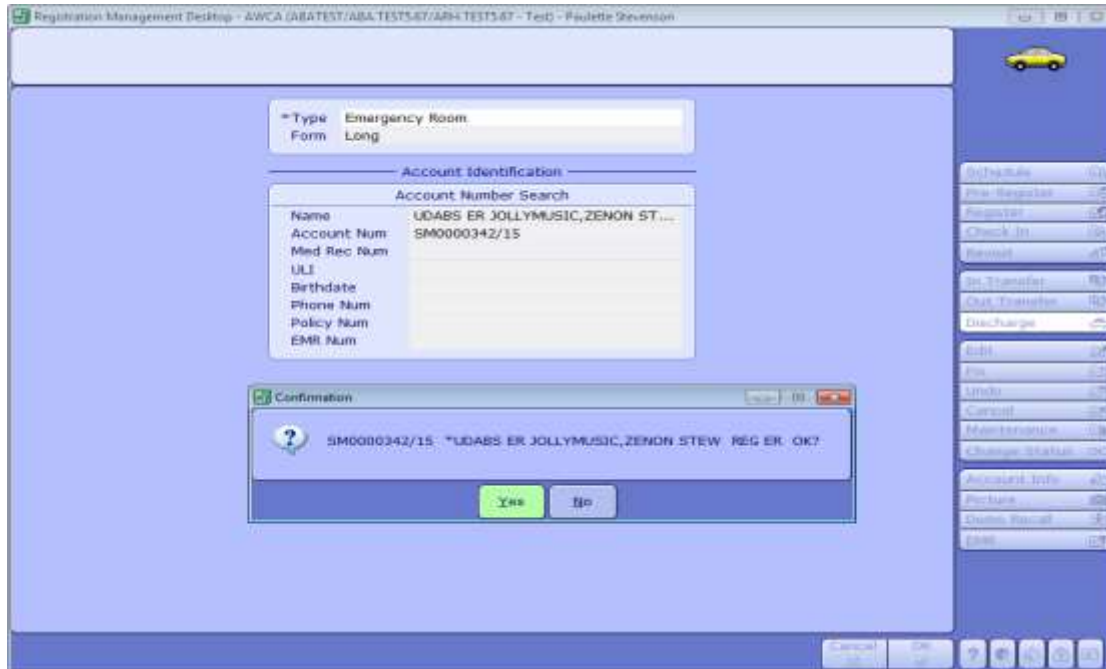
8. Provider tab. This is where the Attending/Family Physician is entered. When searching for a physician, use the mnemonic of the first four letters of the last name and first initial of the first, eg. Dr. Mary Aird is typed in as AIRDM. Confirm the address of the physician at the bottom of the screen and select the correct physician.
9. The Visit tab is where the Service Date and Time/Arrival Date and Time are entered. Tab through and fill in the necessary fields marked with the asterisk.



10. Press F12 or use your mouse and press the Save button on the bottom of the screen to save the information and print the necessary forms and labels.

## DISCHARGE

1. Registration Management Desktop
2. Discharge Tab.
3. Enter account number or spacebar enter to pull up last visit.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS/ABH-TESTS/ET - Test) - Paulette Stevenson

\*Type: Emergency Room  
Form: Long

Account Identification

Account Number Search

Name: UDABS ER JOLLYMUSIC, ZENON ST...  
Account Num: SM0000342/15  
Med Rec Num:  
ULI:  
Birthdate:  
Phone Num:  
Policy Num:  
EMR Num:

Confirmation

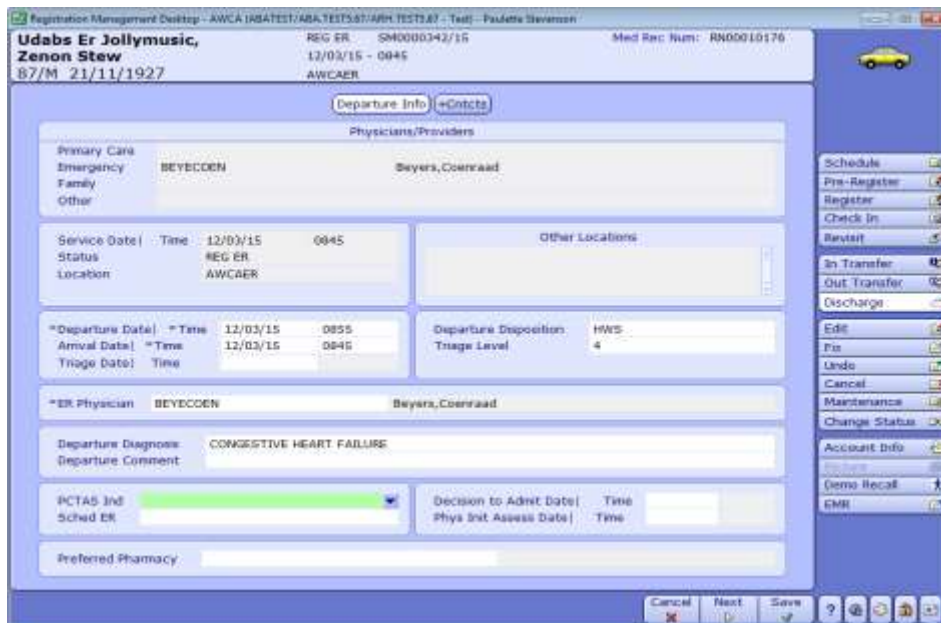
SM0000342/15 \*UDABS ER JOLLYMUSIC, ZENON STEW REG ER OK?

Yes No

Cancel OK ? ? ? ? ?

Schedule  
Pre-Register  
Register  
Check In  
Restart  
In Transfer  
Out Transfer  
Discharge  
Edit  
Pin  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Photo Recall  
EMR

4. Fill in mandatory areas marked with an asterisk, e.g. Departure Date/Time and discharge disposition.
5. To complete discharge F12 or Save.



Registration Management Desktop - AWCA (ABATEST/ABA-TESTS/ABH-TESTS/ET - Test) - Paulette Stevenson

**Udabs Er Jollymusic, Zenon Stew**  
B7/M 21/11/1927

REG ER: SM0000342/15  
12/03/15 - 0845  
AWCAER

Med Rec Num: RN00010176

Departure Info + Contacts

Physicians/Providers

Primary Care: BEYECOEN  
Emergency: BEYECOEN  
Family: Beyers, Coenraad  
Other:

Service Date: 12/03/15  
Time: 0845  
Status: REG ER  
Location: AWCAER

Other Locations:

\*Departure Date: 12/03/15  
\*Time: 0855  
Arrival Date: 12/03/15  
\*Time: 0845  
Triage Date: Time

Departure Disposition: HWS  
Triage Level: 4

\*ER Physician: BEYECOEN  
Beyers, Coenraad

Departure Diagnosis: CONGESTIVE HEART FAILURE  
Departure Comment:

PCTAS 3M Sched ER: [dropdown menu]

Decision to Admit Date: Time  
Phys Int Assess Date: Time

Referred Pharmacy:

Cancel Next Save ? ? ? ? ?

Schedule  
Pre-Register  
Register  
Check In  
Restart  
In Transfer  
Out Transfer  
Discharge  
Edit  
Pin  
Undo  
Cancel  
Maintenance  
Change Status  
Account Info  
Picture  
Photo Recall  
EMR